HAL J. RASMUSSEN OPERATING, INC.

Six Desta Drive, Suite 5850 Midland, Texas 79705 (915) 687-1664

November 7, 1989

.1

Mr. William J. LeMay, Director New Mexico Oil Conservation Division P. O. Box 2088 Sante Fe, New Mexico 87501

RE: Administrative approval of an Unorthodox Well Locaiton State "A" a/c 1 # 67 Jalmat Gas Pool Lea County, New Mexico

Dear Mr. LeMay,

Hal J. Rasmussen Operating Inc. respectfully requests administrative approval to recomplete the State "A" $a/c \ 1 \ \# \ 67$, at an unorthodox well location, located 1980 ft FNL and 660 ft FEL of Section 11, T23S R36E, Lea County, New Mexico. The State "A" $a/c \ 1 \ \# \ 67$ is currently TA'd in the Langlie Mattix Pool.

The offset operators have been notified of this application by certified mail. Copies of the return receipts will be forwarded when received. Attached is a plat showing the location of the State "A" a/c 1 # 67, the proration unit the well will be included in, and the offset operators.

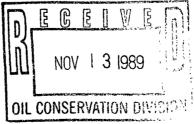
If you need any further information regarding this request, please call me at (915) 687-1664.

Thank-you for your consideration.

Sincerely,

75 Cr. Jay Cherski

CC: New Mexico OIl Conservation Division District 1 Office P.O. Box 1980 Hobbs, New Mexico 88240



HAL J. RASMUSSEN OPERATING, INC.

SIX DESTA DRIVE, SUITE 5850 MIDLAND, TEXAS 79705 (915) 687-1664

November 7, 1989

Mr. William J. LeMay, Director New Mexico Oil Conservation Division P. O. Box 2088 Sante Fe, New Mexico 87501

Administrative approval of an Unorthodox Well Locaiton RE: State "A" a/c 1 # 67 Jalmat Gas Pool Lea County, New Mexico

Dear Mr. LeMay,

Hal J. Rasmussen Operating Inc. respectfully requests administrative approval to recomplete the State "A" a/c 1 # 67, at an unorthodox well location, located 1980 ft FNL and 660 ft FEL of Section 11, T23S R36E, Lea County, New Mexico. The State "A" a/c 1 # 67 is currently TA'd in the Langlie Mattix Pool.

The offset operators have been notified of this application by certified mail. Copies of the return receipts will be forwarded when received. Attached is a plat showing the location of the State "A" a/c 1 # 67, the proration unit the well will be included in, and the offset operators.

If you need any further information regarding this request, please call me at (915) 687-1664.

Thank-you for your consideration.

Sincerely,

Jay Cherski

CC: New Mexico OIl Conservation Division District 1 Office P.O. Box 1980 Hobbs, New Mexico 88240

MIDLAND, TEXAS 79705 (915) 687-1664

HAL J. RASMUSSEN OPERATING, INC. OIL CONSERVATION DIVISION RECEIVED

'89 DEC 5 AM 11 09

11/07/89

Mr. Hugh Ingram Conoco P.O. Box 460 Hobbs, New Mexico 88240

Dear Mr. Ingram:

In accordance with New Mexico Oil Conservation Division regulations, you, as an offset operator, are hereby notified of Hal J Rasmussen Operating Inc.'s application to recomplete the State "A" a/c 1 well no. 67, a proposed producing well in the Jalmat Pool, as a non-standard location. The well is located 1980 feet FNL and 660 feet FED of Section 11, T23S R36E, Lea County, New Mexico and is currently a TA'd Langlie Mattix well.

If you have no objections, please execute one copy of this letter and return it in the enclosed self addressed stamped envelope to the attention of Jay Cherski. The second copy may be retained for your files.

Thank you for your cooperation in this matter. If you have any questions, please contact Jay Cherski at (915) 687-1664.

Sincerely,

Ly Ch Jay Cherski

DAY OF November 1989 EXECUTED

HAL J. RASMUSSEN OPERATING, INC.

Six Desta Drive, Suite 5850 Midland, Texas 79705 (915) 687-1664 OIL CONSTRUCT ON VIRSION RECEIVED SP

11/07/89

Mr. K. A. Freeman Tahoe Energy 4402 W. Industrial Midland, Texas 79703

Dear Mr. Freeman:

In accordance with New Mexico Oil Conservation Division regulations, you, as an offset operator, are hereby notified of Hal J Rasmussen Operating Inc.'s application to recomplete the State "A" a/c 1 well no. 67, a proposed producing well in the Jalmat Pool, as a non-standard location. The well is located 1980 feet FNL and 660 feet FEL of Section 11, T23S R36E, Lea County, New Mexico and is currently a TA'd Langlie Mattix well.

If you have no objections, please execute one copy of this letter and return it in the enclosed self addressed stamped envelope to the attention of Jay Cherski. The second copy may be retained for your files.

Thank you for your cooperation in this matter. If you have any questions, please contact Jay Cherski at (915) 687-1664.

Sincerely,

Jay Cherski

EXECUTED THE <u>10th</u> DAY OF <u>Not</u> 1989 BY Z.G. <u>Alteenan</u>

HAL J. RASMUSSEN OPERATING, INC. SIX DESTA DRIVE, SUITE 5850 MIDLAND, TEXAS 79705 (915) 687-1664 *89 DEC 5 AM 11 09

11/07/89

Mr. Al Bohling Chevron P.O. Box 670 Hobbs, New Mexico 88240

Dear Mr. Bohling,

In accordance with New Mexico Oil Conservation Division regulations, you, as an offset operator, are hereby notified of Hal J Rasmussen Operating (Inc)'s application to recomplete the State "A" a/c 1 well no. (67, a proposed producing well in the Jalmat Pool, as a non-standard location. The well is located 1980 feet FNL and 660 feet FEL of Section 11, T23S R36E, Lea County, New Mexico and is currently a TA'd Langlie Mattix well.

If you have no objections, please execute one copy of this letter and return it in the enclosed self addressed stamped envelope to the attention of Jay Cherski. The second copy may be retained for your files.

Thank you for your cooperation in this matter. If you have any questions, please contact Jay Cherski at (915) 687-1664.

Sincerely,

Jay Cherski

EXECUTED THE <u>15Th</u> DAY OF <u>NOV</u>. 1989 BY <u>Alan W. Bohlmig</u> Special Projects Engineer Chewron U.S.A. Inc. Hobbs Division

OIL CONSERVATION DIVISION HAL J. RASMUSSEN OPERATING, INC. RECEIVED SIX DESTA DRIVE, SUITE 5850 MIDLAND, TEXAS 79705 '90 JAN 2 AM 10 25 (915) 687-1664

December 20, 1989

Mr. William J. LeMay, Director New Mexico Oil Conservation Division P. O. Box 2088 Sante Fe, New Mexico 87501

RE: Administrative Approval of an Unorthodox Well Location State "A" a/c 1 # 62 Jalmat Gas Pool Lea County, New Mexico

Dear Mr. LeMay,

Hal J. Rasmussen Operating Inc. respectfully requests administrative approval to recomplete the State A a/c 1 # 62 at an unorthodox well location, located 660 ft FNL and 1980 ft FEL of Section 11, T23S R36E, Lea County, New Mexico. The State "A" a/c 1 # 62 is currently TA'd in the Langlie Mattix Pool.

The offset operators have been notified of this application by certified mail. Copies of the return receipts will be forwarded when received. Attached is a plat showing the location of the State "A" a/c 1 # 62, and the proration unit the well will be included in. A list of offset operators has also been attached.

If you need any further information regarding this request, please call me at (915) 687-1664.

Thank-you for your consideration.

Sincerely,

Jung Chung!

Jay Cherski

CC: New Mexico OIl Conservation Division District 1 Office P.O. Box 1980 Hobbs, New Mexico 88240 Submit to Appropriate District Office State Lease - 4 copies Fee Lease - 3 copies

¥

.

••

<u>DISTRICT I</u> P.O. Bax 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico Energy, Minerals and Natural Resources Department

1

. .

Form C-102 Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

| WELL LOCATION AND | ACREAGE | DEDICATION | PLAT |
|-------------------|---------|------------|------|
|-------------------|---------|------------|------|

All Distances must be from the outer boundaries of the section

| Actual Footage Location of Well: | e side of |
|---|---|
| B 11 23 S 36 E Actual Footage Location of Well: 660 feet from the NORTH line and 1980 feet Ground level Elev. Producing Formation 3432 TANSILL - YATES Jalmat-TNSL-YTS-7R 1. Outline the acreage dedicated to the subject well by colored peacil or hackure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to unitization, force-pooling, etc.? I Yes In answer is "yee" type of coasolidation If answer is "no" list the owners and tract descriptions which have actually been coasolidated. (Use reverse this form if neccessary. No allowable will be assigned to the well until all interests have been approved by the Division. TE XA CO | $\frac{\text{Lea}}{\text{NMPM}}$ |
| B 11 1980 1980 fee Actual Footage Location of Well: 660 feet from the NORTH line and 1980 1980 fee Ground level Elev. Producing Formation Pool Pool 3432 TANSILL - YATES Jalmat-TNSL-YTS-7R 1. Outline the acreage dedicated to the subject well by colored pencil or hackure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to 3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been unitization, force-pooling, etc.? If answer is "yes" type of consolidation If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse this form if necessary. No If answer is "yes" type of consolidated (by communitization, un or until a poo-standard unit, eliminating such interest, has been approved by the Division. TEXA CO TEXA CO 1980 460' | $\frac{\text{NMPM}}{\text{cct from the } f A - 5 T \text{line}}{\text{Dedicated Acreage:}}$ $\frac{480 \text{ Acreas}}{\text{to working interest and royalty}}.$ in consolidated by communitization, $e \text{ side of}$ |
| 660 feet from the NORTH line and 1980 feed 3432 Producing Formation Pool Jalmat-TNSL-YTS-7R Jalmat-TNSL-YTS-7R 1. Outline the acreage dedicated to the subject well by colored peacil or hackure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to 3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been unitization, force-pooling, etc.? If answer is "yes" type of consolidation If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse this form if necessary. No No allowable will be assigned to the well until all interests have been approved by the Division. TEXACO | Dedicated Acreage: <u>480 Acres</u> to working interest and royalty). in consolidated by communitization, e side of |
| Broducing Formation Pool 3432 TANSILL - YATES Jalmat-TNSL-YTS-7R 1. Outline the acreage dedicated to the subject well by colored pencil or hackure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to 3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been unitization, force-pooling, etc.? Yes No If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse this form if becostary. No allowable will be assigned to the well until all interests have been consolidated (by communitization, un or until a noo-standard unit, eliminating such interest, has been approved by the Division. TEXACO | Dedicated Acreage: <u>480 Acres</u> to working interest and royalty). in consolidated by communitization, e side of |
| 3432 $TANSILL - YATES$ $Jalmat-TNSL-YTS-7R$ 1. Outline the acreage dedicated to the subject well by colored pencil or bachure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to 3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been unitization, force-pooling, etc.? Yes No If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse this form if necessary. No allowable will be assigned to the well until all interests have been consolidated (by communitization, un or until a non-standard unit, eliminating such interest, has been approved by the Division. TEXACO | 480 Acres to working interest and royalty). en consolidated by communitization, e side of |
| 1. Outline the acreage dedicated to the subject well by colored peocil or hachure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to 3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been unitization, force-pooling, etc.? Yes No If answer is "yes" type of consolidation If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse this form if necessary. No allowable will be assigned to the well until all interests have been consolidated (by communitization, un or until a non-standard unit, eliminating such interest, has been approved by the Division. | to working interest and royalty). in consolidated by communitization, e side of |
| 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to 3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been unitization, force-pooling, etc.? Yes No If answer is "yes" type of consolidation If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse this form if necessary. No allowable will be assigned to the well until all interests have been consolidated (by communitization, un or until a non-standard unit, eliminating such interest, has been approved by the Division. | e side of |
| 3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been unitization, force-pooling, etc.? Yes No If answer is "yes" type of consolidation If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse this form if necessary. No allowable will be assigned to the well until all interests have been consolidated (by communitization, un or until a non-standard unit, eliminating such interest, has been approved by the Division. TEXA CO | e side of |
| unitization, force-pooling, etc.? Yes No If answer is "yes" type of consolidation | e side of |
| Yes No If answer is "yes" type of consolidation | |
| If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse this form if neccessary. No allowable will be assigned to the well until all interests have been consolidated (by communitization, un or until a non-standard unit, eliminating such interest, has been approved by the Division. $\frac{T \in X \land CO}{\begin{cases} 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 $ | |
| this form if neccessary. No allowable will be assigned to the well until all interests have been consolidated (by communitization, un or until a non-standard unit, eliminating such interest, has been approved by the Division. $\frac{TE \times A CO}{9}$ | |
| or until a non-standard unit, eliminating such interes, has been approved by the Division. TEXA CO | utization, forced-pooling, or otherwise) |
| TEXA CO 3 3 4 1980 4 5 5 5 5 5 5 5 5 5 5 5 5 5 | • • • |
| 0 5 5 5 5 5 5 5 5 5 5 5 5 5 | |
| 0 5 5 5 5 5 5 5 5 5 5 5 5 5 | OPERATOR CERTIFICATION |
| ₩ <u>1980</u> #62 #16 | I hereby certify that the information |
| ₩ <u>1980</u> ₩62 ₩16 | contained herein in true and complete to the |
| ₩ <u>162</u> ₩16 | best of my browledge and belief. |
| 1650' #16 #16 | Z Signature |
| 1650 ** 24 | |
| | |
| 6 | Printed Name |
| | Jay D. Cherski |
| | Position |
| | 7 Agent |
| | Company |
| | 0 Hal J. Rasmussen Operating, I |
| | Date |
| | 12/20/89 |
| SECTION 11 CHEVRON | SURVEYOR CERTIFICATION |
| | |
| CHEVRON | I hereby certify that the well location shown |
| | on this plat was plotted from field notes of |
| | actual surveys made by me or under my |
| | supervison, and that the same is true and correct to the best of my knowledge and |
| # 34 | belief. |
| | |
| | Date Surveyed |
| | |
| | Signature & Seal of Professional Surveyor |
| | The canonal surveyor |
| | |
| | |
| | |
| | 1 1 1 |
| | |
| | Certificate No. |
|) 330 660 990 1320 1650 1980 2310 2640 2000. 1500 1000 500 | Certificate No. |

HAL J. RASMUSSEN OPERATING, INC.

Six Desta Drive, Suite 5850 Midland, Texas 79705 (915) 687-1664

i et i

٠ •

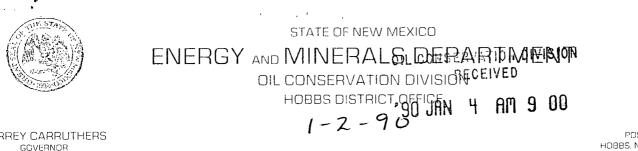
State A account 1 # 62

Texaco Mr. James Head P.O.Box 728 Hobbs, New Mexico 88240

Tahoe Mr. K. A. Freeman 4402 W. Industrial Midland , Texas 79703

Conoco Mr. Hugh Ingram P. O. Box 460 Hobbs, New Mexico 88240

Chevron Mr. Al Bohling P. O. Box 670 Hobbs, New Mexico 88240



POST OFFICE BOX 1980 HOBBS, NEW MEXICO 89241-1980 (505) 393-6161

GARREY CARRUTHERS GOVERNOR

> OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

RE: Proposed: MC DHC NSL 4SA NSP SWD WFX PMX

Gentlemen:

ØK

I have examined the application for the:

1 Operating Inc. State A A/C-1 #62-B 11-23-36 Lease & Jiell No. Unit S-T-R Operator

and my recommendations are as follows:

Yours kery truly,

Jerry Sexton Supervisor, District 1

/ed

HAL J. RASMUSSEN OPERATING, INC. SIX DESTA DRIVE, SUITE 5850 MIDLAND, TEXAS 79705 (915) 687-1664

'90 JAN 12 AM 8 57

RECEIVED

January 9, 1990

0il Conservation Division Attention: Mr. William J. LeMay P.O. Box 2088 Santa Fe, New Mexico 87504

Dear Mr. LeMay:

Enclosed are certified mail return receipts from the offset operators we notified concerning our recent applications for unorthodox locations.

If you have any questions or need any further information please let us know at (915) 687-1664. Thank you for your cooperation in this matter.

Sincerely,

HAL J. RASMUSSEN OPERATING, INC.

Jay Cherski

JC/nh

HAL J. RASMUSSEN OPERATING, INC.

.

.

Six Desta Drive, Suite 5850 Midland, Texas 79705 (915) 687-1664

State A account $1 \neq 62$

Texaco Mr. James Head P.O.Box 728 Hobbs, New Mexico 88240

Tahoe Mr. K. A. Freeman 4402 W. Industrial Midland , Texas 79703

Conoco Mr. Hugh Ingram P. O. Box 460 Hobbs, New Mexico 88240

Chevron Mr. Al Bohling P. O. Box 670 Hobbs, New Mexico 38240

.

.

| Put you' address in the "RETURN TO" Space on t card from being returned to you. The return receipt to and the deit of delivery. For additional results the for face and check boxies for additional services of the second check boxies for additional second check of the second check boxies for additional second check boxies for additional second check of the second check boxies for additional second check boxies for additi | he reverse side. Failure to do this will prevent the ewill provide you the name of the period delivered ollowing services are available. Consult postmaster- requested. 2: [] Restricted Delivery (Cran charge). 2: [] (Cran charge). 2: [] (Cran charge). | Put your address in the "RETURN TO" Space on the read of the data of delivery. For additional less the following the data of delivery. For additional service in the data of delivered, d | Bordies and Called to do the win possible of the period delivered wing services are sveliable. Consult postmester seddress. 2. Restricted Delivery (Crine charge) 4. Article Number |
|---|---|--|--|
| Mr. Jim Cramer Meridian OllyCorp: 21 Desta Drive. Midland, Texas 79705 | P104616111958 | Mr. Jim Moring Parkerle Parsley P.O. box 3178 Hidland, Texas 79702 | P 046 611 957 Type of Service: Registered Contribution Express Mail P COD Express Mail P Registre Alveys obtain signature of addresses or sparts and DATE DELIVERED. |
| 5.5 Signature - Address X 6. Signature - Address X 7. Dete of Delivery 7 90 P8 Form 3811; Mar 1988 4 U.S.Q.P.C. 198 | or sgent and <u>DATE DELIVERED</u> Addressed's Address (<i>DNLT</i>)// requested and fee paid) Addressed's Address (<i>DNLT</i>)// Addressed's Addressed | 5. Signature - Address X Statute - Agent X Statut | B. Addresses's Address (ONLY (requested and fee pold) |
| SENDER: Complete (Itsine 1) and 2 when | additional services are desired, and complete items | SENDER: Complete thema 1 and 2 when width | in ministration in the second state of the second state of the second state of the second state of the second s |
| The your address in the Herbitt suppose of the process of the series of delivery, for additional series is to and the date of delivery, for additional services is and check box(se) is a subditional service is the series and check box(se) is a subditional service is the series and address (Loran address and address (Loran address add | the reverse side. Failure to do this will prevent this t tee will provide you the name of the person delivered following Services are available. Consult postmaster (s). requested. (s). requested. (s). requested. (c). reaction of the service of the service of the person of the service of the service of the service of the (c). The service of the service of the service of the (c). The service of the service of | 3 and 4. 3 Ref. You's address in the "RETURN TO" Space on the result of the date of degivery. For additional less the follow of the date of degivery. For additional service(s) result of fees and check box(sa) for additional service(s) result of the date of additional service(s) result of the date of additional service(s) result of the date of the date of addresses (Ref. Additional Show to whom delivered, date, and addresses (Ref. Additional Show to whom delivered). | Verse side. Pailure to do this will prevent this <u>ill provide you the name of the person delivered</u> wing services are evailable. Consult postmaster uested: a dodress. 2: Restricted Delivery (Extra charge). |
| 3. Article Addressed to: Mr. Hugh Ingram Conoco; Inc. P.U. Box 400 U. Bobs, Nes Merico (8)240 | P 046 611 955 Type of Service: Registered in Lorent Control | Mr.:yJames.Head Texaco P.O.: Box 728 Hobbs: New Mexicol 88240 | 4. Article Number Type of Sec11 952 Registered Insured Certified Con Express Mail Return Receipt Abress Mail |
| 5. Signature - Address X //////////////////////////////////// | or agent and <u>DATE DELIVERED</u> S. Addresses's Address (<i>DALL V</i>) requested and fee path) | 5. Signature - Address X S S C S S S S S S S S S S S S S S S S | Always obtain signature of addresses or sgant and <u>DATE DELIVERED</u> . B. Addresse of a Address (<i>DNLY</i> if requested and fee paid |
| an Andreas and an annual statistical for some the second | 008-212-665 DOMESTIC RETURN RECEIP | P8 Form 3811; Mar: 1988 4 + U.S.G.P.O. 1988-2 | Reference of a first of states of the second s |
| SENDER: Complete items (1 end 2 when, edd Put your address in the "REFURN TO" Space on the card from being stumed to you. The return scelot fe to and the date of address for the "REFURN TO" space on the to and the date of address for the date of the to face and the check boxing for additional service(s) the date of the check boxing for additional service(s) | | SENDER: Complete items 1 and 2 when additing and 4. Put your address in the "RETURN TO" Space on the card from being returned to you. The return receipt fee to and the date of delivery. For additional reset the fold for gas and check box(sa) for additional reverticelat relations. | reverse side. Failure to do this will prevent this will provide you the name of the person delivered wing services are available. Consult postmaster quested. |
| U allo the date box(as) for additional service(a) for less and check box(as) first address (furn charge) 3. Article Addressed to: | | 1. Show to whom delivered, date, and eddresses (Extracloarge) 3: Article Addressed to: | eddress. 2. Restricted Delivery (Exra charge) 4. Article Number P. 046. 611. 956 |
| Mr. Ali Bohling Chevron Pro: Boxx670 | P 0.46 611 954 Type of Service: □ Insured □ □ Registered □ □ □ □ Cartified □ □ □ □ □ Cartified □ □ □ □ □ □ □ Express_Mail □ for Mechandise □ | Arcop JP:0, Box, 1610 Midland, Texas, 79702 | Type of Service: Registered Insured Contined Cont Express Mail Return Receipt for Merchandise |
| Liobber, New Mexico 188240 | Always of the signature of addressee or agent and DATE DELIVERED. | 5. Signeture - Address | Always obtain signature of addressee or sgent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if requested and fee paid) |
| 6: Signatule - Agent X 7: Date, of Delivery and 2: 2: 2: | | 6. Signsture - Agent X 7. Data of Delivery JAN 2 1990 | |
| P8 Form 3811 Mar: 1988 +108.0.P.0.18 | 8-212-865 | PS Form 3811, Mar. 1988 • U.B.G.P.O. 1988- | 212-865 COMESTIC RETURN RECEIP |
| | SENDER: Complete items 1 and 2 when 3 and 4. Card from being returned to you. The return receiption card from being returned to you. The return receiption to and the date of the card the date of the for fase and check box(sa) for additional servic for fase additional servic for additional servic for fase additional servic for additio | additional services are desired, and complete items in the reverse side. Failure to do this will prevent this to tee will provide you the name of the pareno deliversed to following services are valiable. Consult postmaster sease's address. 2. Restricted Delivery example. Acticle Number. | , |
| | 3. Article Addressed to: Mr. K. A. Freeman Tahoe Energy 4402 W. Industrial " Midland, Texas 79703 A | Type of Service: Type of Service: Registered : Insured Certified Con Express Mell Con Always obtain signature of eddresses Always obtain signature of eddresses regent end DATE DELIVERED. | |
| | 5. Signature – Address | | |

n men men men men ander soll das sollte en angele angele angele angele angele angele angele angele angele ange

. :

•

•

HAL J. RASMUSSEN OPERATING, INC. DIVISION SIX DESTA DRIVE, SUITE 5850EVE (915) 687-16640 AUG 13 AM 9 12 MIDLAND, TEXAS 79705

•

July 25, 1990

Mr. William J. LeMay, Director New Mexico Oil Conservation Division P. O. Box 2088 Sante Fe, New Mexico 87501

RE: Administrative Approval of an Unorthodox Well Location State "A" a/c 1 # 85 Jalmat Gas Pool Lea County, New Mexico

Dear Mr. LeMay,

Hal J. Rasmussen Operating Inc. respectfully requests administrative approval to recomplete the State A a/c 1(# 85) at an unorthodox well location , located 2310 ft FNL and 2310 ft FWL of Section 11, T23S R36E, Lea County, New Mexico. The State "A" a/c 1 # 85 is currently TA'd in the Langlie Mattix Pool.

The offset operators have been notified of this application by certified mail. Copies of the return receipts will be forwarded when received. Attached is a plat showing the location of the State "A" a/c 1 # 85, and the proration unit the well will be included in. A list of offset operators has also been attatched.

If you need any further information regarding this request, please call me at (915) 687-1664.

Thank-you for your consideration.

Sincerely,

Jay Cheroki Jay Cherski

CC: New Mexico OIl Conservation Division District 1 Office P.O. Box 1980 Hobbs, New Mexico 88240

Submit to Appropriate District Office State Lease - 4 copies Fee Lease - 3 copies

DISTRICT I P.O. Bax 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico Energy, Minerals and Natural Resources Department

٠

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL LOCATION AND ACREAGE DEDICATION PLAT

| Operator | | | Lease | | | Well No. |
|----------------------------|----------------------------|--|---------------------------------------|------------------------|-------------------------------------|--|
| Hal J. Rasmus | sen Operating | , Inc. | ST ATE | "A" AK | ι | 85 |
| Unit Letter Section | on Towns | hip | Range | | County | · · · · · · · · · · · · · · · · · · · |
| F | 11 | 235 | 365 | NM | | a |
| Actual Footage Location of | Well: | | | | | |
| | rom the NOR | | 2310 | fect fr | om the west | |
| Ground level Elev. | Producing Formati | DO | Pool | | | Dedicated Acreage: |
| | YATES | | Jalmat-TNSL | | | 480 Acres |
| 1. Outline the ac | reage dedicated to the st | bject well by colored per | scil or hachure marks or | the plat below. | | |
| 2. If more than c | one lease is dedicated to | the well, outline each and | l identify the ownership | thereof (both as to we | rking interest and I | oyalty). |
| | | nership is dedicated to the | e well, have the interest | of all owners been con | isolidated by comm | nunitization, |
| unitization, fo | rco-pooling, etc.? | If an owned in Paracel to | ne of consolidation | | | |
| | | If answer is "yes" ty t descriptions which have | | ted. (Use reverse side | | |
| this form if necc | cisary, | | · · · · · · · · · · · · · · · · · · · | | | |
| | | l until all interests have b | | nmunitization, unitiza | tion, forced-pooling | z, or otherwise) |
| or until a pog-sta | indard unit, eliminating s | such interest, has been ap | proved by the Division. | | | · |
| | 1 4 1 | TEXACO | ~~~~~ | 4 | OPERAT | OR CERTIFICATION |
| | | | | | 1 | certify that the information |
| | | | | | contained herei | e in true and complete to the |
| | | | | | best of my knowl | edge and belief. |
| # | #29 | | [| | Simon 1 | |
| | [| | l | 10 12 | Signature | $\rho i = 0$ |
| | l | | | | <u> (</u> | ' Can't |
| | 1 | | l | | Printed Name | |
| | | + | | ╶╺┽╼╼╺┾┾╸ | Jay D. (| Cherski |
| | i | | i | | Position | , |
| | l | | i | I N | Agent | |
| | 1 | | 1 | * | Company | |
| the seq | t t | | 1 | *67 N | | smussen Operating, |
| e | | ¢⊈ | | | Date | l |
| | | [#] 85 | | ► N | // | 26 90 |
| | | SECTION | <u> </u> | | SURVEY | OR CERTIFICATION |
| | | 11 | | · | | |
| | | N | | | | that the well location shown |
| | | | ľ | | | is plotted from field notes of |
| N | | K | 1 | 1 | | made by me or under my that the same is true and |
| | | C+ | IFIRON | | | best of my knowledge and |
| 6 - | - ¢ _ | k l | 1 | 11 | belief. | |
| N | #34 | | i | | Date Surveyed | |
| | _i | | I | | Date Surveyed | |
| | | | | | | |
| | | | l l | | Signature & Sea Professional Sur | Veyor |
| | | Ν | l i | |] | - |
| N | | | ļ | | | |
| | | N | ļ | 9 | 2 | |
| | | | ł | | | |
| | 1. | k l | 1 | 0 | Continue N | |
| | K k | <u></u> | | | Certificate No. | |
| | | | | | | |
| 0 330 660 990 | 1320 1650 1980 2 | 2310 2640 20 | 00. 1500 100 | 500 0 | 1 | |

State "A" a/c 1 well # 85 Offset Operators

· ,

. .

.

Chevron Mr. Al Bohling P.O. Box 670 Hobbs, New Mexico 88240

Tahoe Energy Mr. K. A. Freeman 4402 W. Industrial Midland , Texas 79703

Conoco, Inc. Mr. Hugh Ingram P.O. Box 460 Hobbs, New Mexico 88240

Texaco Producing, Inc. Mr. James Head P.O. Box 728 Hobbs, New Mexico 88240

10-11-1Z

OIL CONSERVINUEN DIVISION REDEVED

HAL J. RASMUSSEN OPERATING, INC. SIX DESTA DRIVE, SUITE 2700 MIDLAND, TEXAS 79705 (915) 687-1664

. . . .

'90 SEP 7 AM 8 21

August 20, 1990

Oil Conservation Division P.O. Box 2088 State Land Office Building Santa Fe, New Mexico 87504

Attn: Mr. Michael Stogner

Dear Mr. Stogner:

Enclosed are the Certified Mail Return Receipts from Offset Operators pertaining to our recent applications for Unorthodox Locations on the <u>State "A"</u> (Account 1 well no.'s 85, 102, 106, State "A" Account 2 well no.'s 55 and 58. If you have any questions of if I can be of any further assistance please let me know.

Sincerely,

HAL J. RASMUSSEN OPERATING, INC.

Jona Hopkins

Nona Hopkins Secretary

/nh Enclosures cc: Oil Conservation Division P.O. Box 1980 Hobbs, New Mexico 88240

Ø TT. IZ

Will #85_ F-11-23-36 Well #55 - P-8-22-36 Will # 58 - L-8-22-36 hell # 106 - A-13-23-36 lui #102 - 0-14-23-36

| card from being returned to you! The return receipt fee to and the date of delivery. For additional service(8), 11:0:300, 10:3 | (Extra charge) 4. Article: Number PO46 6/2 00/ Type of Service: Begistered Certified Certified Express/Mail Return Receipt for Merchandise Alweys obtain aligneture of addresses of sgent and DATE DELIVERED 8. Addresses's Address (ONLY. (f. requested that (fer faid)) |
|--|---|
| Sender: Agent 7. Date of Dalivery Sender: 9. Form 3811; Mar 1988 USIGP 0: 1988 PS Form 3811; Mar 1988 USIGP 0: 1988 Sender: Complete items 1- and 2 when addited and 4. Put your address in the 'RETURN TO' Space on the card from being returned to you. The return receipt fee to and the date of delivery. For additional fees the foll to fees and check box(es) for additional service(s) for fees and check box(es) for additional service(s) for 10. 10. Show to whom delivered, date and addressed | ional services ale desired; and complete tems |
| (Kuris charge) 3: Article Addressed to: Crevrum P.O. Bof. 67.0. Notics, M.:71/88240 Signature - Address Address Address | 4. Article Number 0.4. Article Number 0.4. Article Number 0.4. Article Number 1. Disured 1. Régistered 1. Régistered 1. Régistered 1. COD 1. Disured 1. Cob 1. Express Mail 1. Régistered 1. Régistered 1. Régistered 1. Cob 1. Express Mail 1. Régistered 1. Régistered 1. Régistered 1. Régistered 1. Régistered 1. Cob 1. Express Mail 1. Tértum Receipt Always obtain signature of addressee or agent and DATE DELIVERED 8. Addressee's Address (ONLY: (f. requeree, and jee paid)) 1. District and jee paid) |
| 7: Date of Delivery S.Form 38.11, Mar. 1985 - U.S.G.P.O. 1988 S.Form 38.11, Mar. 1985 - U.S.G.P.O. 1988 S.Fo | al services are desired, and complete items; |

5. Signature — Address

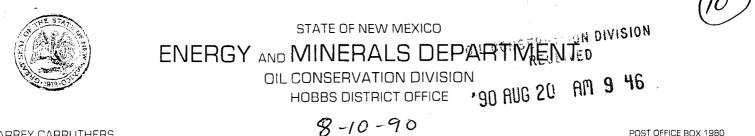
187, Sign Aure — Agenti X 7. Date of Delivery

Always obtain signature of addressee or egent and DATE DELIVERED 8. Addressee's Address (ONLY if requested and fee paid)

100

| SENDER: / Complete / tems 11 and 21 when additional (cervices) are idealized ; and complete items 3 and 4 | |
|--|--|
| Put your address in the "RETURN TO". Space on the reverse side. Failure to do this will prevent this card from being returned to you: The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmately for fees and check box(se) for edditional service(s) hequested. 1 I I Show to whom delivered (date, and addresses) address. 2. I Restricted Delivery | |
| (Extra charge) (Extra charge) 13. Article Addressed to: Johne Energy | |
| John Energy 140 2 M. Indianal molland dr 79703 Protocol Explored Corrite Control Contr | |
| Alweyo obtain bigneture of addresses or segent and <u>DATE DELIVERED</u> . 5. Signature — Address 0. Addressee's Address (ONLY (f | |
| X 18." Signisture — Againt | |
| X Stan Engineerie 77 Date of Delvery S/19/90 | |
| 1 PS Form 38111, Mar / D88 | |
| SENDER: Complete hame 1, and 2, when additional services are dealled; and complete hame stand 4. Put your address in the "RETURN TO" Space on the reverse aids. Fallure to do this will prevent the card from balled returned to you. The return receipt fee will provide you the hame of the benon delivered. | |
| Put your address in the "RETURN TO" Space on the reverse aide. Failure to do this will prevent this card from balling returned to your address in the article receivered to the balling returned to your additional fees the following services are available. Consult postmaster (of fees and check box(es) for additional services) requested (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1 | |
| 3: Article Addressed to: Conocc 1/16 1/ | |
| P. O. BUV 460 Willie Centrice Control Cob Control Cob Express Mail C-Return Receipt Cartering Mail C-Return Receipt Control Cob Cob Cob Cob Cob Cob Cob Cob | |
| Always obtain algosturo of addresses of agent and <u>DATE DELIVERED</u> 5: Signeture — Address B. Addresses's Address (<i>ONLY if</i> reguested and fee paid) | |
| 8. Signeture Agent Bongales | |
| 7: Defa br. Deliver PS: Form 3811, Mar. 1988 -> U.S.O.P.O. 1988-212-865 DOMESTIC RETURN RECEIP | |
| SENDER: Complete Items 1, and 2, when additional Services are desired, and complete Item | |
| S and 4 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional service(a) requested: "of tor fees and check box(ea) for additional service(a) requested: "of 1. Show, to whom delivered, date, and addresses addresses addresses. 2. Restricted Delivery | |
| (Extra charge) (3: Article Addressed to: 4: Article Number | |
| U wer Oil Co. 200 Retruleum Blag. P. 046 612 002 Type of Service: Rogistered Insured Certified I Contended P. 046 612 002 | |
| Nuchita Galls; 2, 26301 Always obtain algoritum of addresses of agent and DATE DELIVERED | |
| Signature - Address Signature - Address Signature - Address Signature - Agent /// | |
| Norper Date of Delivery | |
| <u>S. (3. 90</u> P8 Form 38111, Mai: 1988 U.S.G.P.O., 1988-212-866 DOMESTIC RETURN RECEI | rite and the second |

| SENDER: Complete Remains and A. 3 and A. Cord from being returned to you': The r to and the date of delivery For addition for fees and check, box(es) for addition 1 - Show to whom delivered, data (Earne cha 3. Article Addressed to: | atum receipt fee will provide you the following services are preliservice(a) requested 1 Preliservice(a) requested 1 | urs to do this will prevent this evaluable. Consult postmaster Carra charge) Number Off C. 0/2.005 ervice: red Insured COD Meil Receipt Tor Merchandise alm cignature of addresses d DATE DELIVERED see's Address (OVLY, If d mid fee paid) | |
|--|--|---|--|
| Bit your address in the "RETURN bard from being returned to you. The bard from being returned to you. The bard from being returned to you. The bard from the date of delivery. For address to solve it whom delivered to the bard from the bard to | 4: Ardi Type of Bags 297705 Alwayo a or agent 8: Add | allure to do this will prevent the intensme of the barson delivery are evaluable. Consult postmast 2 | |
| Signature - Adant Signature - Adant ************************************ | Que -SI78 19702 Alword or agent 8: Ad | are deelred, and complete h Failure to do this will prevent out the name of the person delive a are available. Consult postma a are available. Consult postma a are available. Consult postma 2. Restricted Delivery (<i>Extra charge</i>) Ncie. Number <i>P'O 4.6.6.1.1.9.9.8.</i> of Sepvice: gisterig press Mail COD Preturn Receipt for Merchandes to Marchandes to Date DelivereD dressee's Address: (<i>ONLY W</i> wated and fee paid) | |



• • , •

GARREY CARRUTHERS GOVERNOR

POST OFFICE BOX 1980 HOBBS, NEW MEXICO 88241-1980 (505) 393-6161

| OIL CO | DNSEF | RVAT | ION DIVI | ISION |
|--------|-------|------|----------|-------|
| P. O. | BOX | 2088 | 3 | |
| SANTA | FE, | NEW | MEXICO | 87501 |

RE: Proposed: MC DHC NSL NSP SWD WFX PMX

Gentlemen:

I have examined the application for the:

Der Ac State A A/c-1 (# 85-7 11-23-36 Lease & Well No. Unit S-T-R Operator

and my recommendations are as follows:

Yours very truly Jerry Sexton Supervisor, District 1

/ed

HAL J. RASMUSSEN OPERATING, INC. SIX DESTA DRIVE, SUITE 2700 MIDLAND, TEXAS 79705 (915) 687-1664

October 3, 1990

Chevron Mr. Al Bohling P. O. Box 670 Hobbs, New Mexico 88240

Dear Sirs,

In accordance with New Mexico Oil Conservation Division regulations, you, as an offset operator, are hereby notified of Hal J Rasmussen Operating Inc.'s application to recomplete the $State A^{\prime\prime} a/c^{-1}$ well no. 103, a proprosed producing well in the Jalmat Pool, as a non-standard location. The well is located 660 feet FSL and 1980 feet FWL of Section (11, T235, R36E, Lea County, New Mexico.

If you have no objections, please execute one copy of this letter and return it in the enclosed self addressed stamped envelope to the attention of Jay Cherski. The second copy may be retained for your files.

Thank you for your cooperation in this matter. If you have any questions, please contact Jay Cherski at (915) 687-1664.

Sincerely,

Jay Cherski

EXECUTED THE <u>7</u> DAY OF <u>Nov</u> 1990 BY <u>Alan W. Bakling</u> <u>Provation Engineer</u> Chevron U.S.A.

| M | e | M ON DIVISION |
|---|-----|---------------|
| | 100 | DE0 10 |

12/18/90 From

EVELYN DOWNS Oil Conservation Staff Specialist

JULU 19 AM 8 55 Ja Mike Stogner

Re: Hal J. Rasmussen Operating Inc. State A A/c-1 State A A/c-2 State A A/c-3 Non-standard locations;

The C-104's are being held on the following wells pending approval of the unorthodox locations, etc.

 State A A/c=1 #103=N_11=23=36 --Buck_sheet_10/9/90;
 well_is_producing

 State A A/c1=1 #122=L
 13-23=36 -- Buck_sheet_10/9/90 well is producing

 State A A/c-1 #54=I
 24-23=36 -- Buck_sheet_10/8/ 90 well is producing

 State A A/c-2 #72=K
 9=22=36 -- Buck_sheet_10=8=90 well is producing

 State A A/c=2 #72=K
 9=22=36 -- Buck_sheet_10=8=90 well is producing

 State A A/c=3 #5=G 10=23=36 -- Buck_sheet_11=8=90 well is producing

 State A A/c=2 #33=0 5=22=36 -- buck_sheet_10=9=90 well is producing

 State A A/c=2 #67=K
 9=22=36 -- buck_sheet_10=9=90 well is producing

 State A A/c=2 #67=K
 9=22=36 -- buck_sheet_10=9=90 well is producing

State A A/c-1 #45-H 4-23-36 -- need 320 ac NSP(N/2 sec4) reduced by deletion of Unit H which is dedicated to this oil well completion

If you do not have everything you need for these please let me know. Thanks for your help in this matter

vely

Oil Conservation Division PO Box 1980, Hobbs, New Mexico 88241-1980 (HAL J. RASMUSSEN OPERATING, INCL CONSERVICEN DIVISIÓN SIX DESTA DRIVE, SUITE 2700 RECEVED

Six Desta Drive, Suite 2700 Midland, Texas 79705 (915) 687-1664

'90 OCT 10 AM 9 13

October 3, 1990

the At .

Mr. William J. LeMay, Director New Mexico Oil Conservation Division P. O. Box 2088 Sante Fe, New Mexico 87501

RE: Administrative Approval of an Unorthodox Well Location State "A" a/c 1 #103 Jalmat Gas Pool Lea County, New Mexico

Dear Mr. LeMay,

Hal J. Rasmussen Operating Inc. respectfully requests administrative approval to recomplete the State A a/c 1 # 103 at an unorthodox well location, located 660 ft FSL and 1980 ft FEL of Section 11, T23S R36E, Lea County, New Mexico. The State "A" a/c 1 # 103 is currently TA'd in the Langlie Mattix Pool.

The offset operators have been notified of this application by certified mail. Copies of the return receipts will be forwarded when received. Attached is a plat showing the location of the State "A" $a/c \ 1 \ \#103$, and the provation unit the well will be included in. A list of offset operators has also been attached.

If you need any further information regarding this request, please call me at (915) 687-1664.

Thank-you for your consideration.

Sincerely,

Jay Cherski

CC: New Mexico OIl Conservation Division District 1 Office P.O. Box 1980 Hobbs, New Mexico 88240

11 Form C-102 Revised 1-1-89

Submit to Appropriate District Office State Lease - 4 copies Fee Lease - 3 copies

p

0

330 660

10 A

DISTRICT I P.O. Box 1980, Hobbe, NM 88240

DISTRICT II P.O. Drawer DD, Artecia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

| ISTRICT III XXX Rio Brazos Rd., Azter | • NM X7410 | CATION AND ACRE | | | |
|--|--|---------------------------------|-----------------------------------|--|--|
| perator | | Lease | | | Wall No. |
| | sen Operating, Inc | - | A A/C 1 | | 103 |
| nit Letter Section | | Range | | County | |
| N | 11 23 5 | 18- | 36E | Le | ea |
| ctual Footage Location of | | l | N | APM | |
| - | | | . | | |
| <u>660</u> feet f | Producing Formation | line and 19 | 80 feet | from the west | Dedicated Acreage: |
| tound teret filer. | · · · · | | | | 1 - |
| | TANSILL- YA | | -TNSL-YTS-7R | •••••••••••••••••••••••••••••••••••••• | 440 Acres |
| 3. If more than o unitization, fo Yes If answer is "no" | list the owners and tract descript | dedicated to the well, have the | interest of all owners been o | on solidated by com | |
| or until a pon-sta | asay. Il be assigned to the well until all ndard unit, eliminating such inter 丁 丘 ス み こ 〇 | | | ztion, forced-poolin | g, or otherwise) |
| -08 <u>5</u> | 2907 ³ R-90 ⁷³ | | 53 54 660' **6 8-9073 | I hereby | Cune |
| 460' C | 1 | Ş | | Position Agent Company Hal J. Ra Date | smussen Operating |
| 1650 1 | R-9013 *34 | 11 CHEVRON | | H on this plat we actual surveys supervison, and | y that the well location shown as plotted from field notes o made by me or worder m d that the same is true and best of my knowledge and |
| <u>1650'</u> | | | | Siguature & Sea Professional Sur Cerulficate No. | u of rveyor |

1

990 1320 1650 1980 2310 2640

ì

1000

500

0

1500

2000.

Offset Operators

and the second sec

Conoco Mr. Hugh Ingram P.O. Box 460 Hobbs, New Mexico 88240

Texaco Mr. Russell Pool P. O. Box 728 Hobbs, New Mexico 88240

Chevron P.O. Box 670 Hobbs, New Mexico 88240 Attn: Al Bohling

Tahoe Mr. K. A. Freeman 4402 W. Industrial Midland, Texas 79703 STATE OF NEW MEXICO



ENERGY AND MINERALS DEPART MENTION **OIL CONSERVATION DIVISION** HOBBS DISTRICT OFFICE 90 OCT 12 AM 9 25

10-9-90

POST OFFICE BOX 1980 HOBBS, NEW MEXICO 88241-1980 (505) 393-6161

GARREY CARRUTHERS GOVERNOR

> OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

RE: Proposed: MC DHC NSL NSP SWD WFX PMX

Gentlemen:

I have examined the application for the:

<u>A A/c-1 # 103-N</u> S-T-R 11-23-36 480-Not 440 as stated) Operating of Lease & Well No. Operator

and my recommendations are as follows:

acreage out

Yours very truly Jerry Sexton Supervisor, District 1

/ed

REFEVED '90 OCT 25 AM 9 17

October 22, 1990

Mr. Michael E. Stogner Chief Hearing Officer/Engineer **Oil Conservation Division** P.O. Box 2088 Santa Fe, New Mexico 87504

Dear Mr. Stogner:

Enclosed are certified mail return receipts for the unorthodox location applications recently submitted on the State A Account 1) #54, #57, #65, (#103,) #122, State A Account 2 #72, #52, #45, #29, #67, State A Account 3 #6.

If you have any questions or need any further information please call Jay Cherski at 915-687-1664. Thank you for your consideration in this manner.

Sincerely,

HAL J. RASMUSSEN OPERATING, INC.

nona Hopkins

Nona Hopkins Secretary

/nh

Enclosures

| بالمرابعة والمحافظ والمحافظ والمراجع والمحافظ والمحافظ المحاف والمحافظ والمحافظ والمحافظ والمحافظ والمحافظ | ىر الارداري والارداد الروادين الدار السوالي والمرو معاملاتهم معاملا فالمعام فالمعاقف | بدينهم المالي ال | •• • • | |
|---|--|--|--|--|
| | | SENDER: Comple | te items 1 and 2 when additional | services are desired, and complete items |
| SENDER: Complete Items 1 and 2 when additiona | | But your address in th | A "RETURN TO" Space on the reve | rea aida. Eailtura ta da thia will arawant thia |
| Put your address in the "RETURN TO" Space on the rev card from being returned to your the return receipt fee will | erse side. Feilure to do this will prevent this provide you the name of the person delivered | card from being return | id to you. The return receipt fee will p | rovide you the name of the person delivered |
| To fees and check box(es) for additional fees the following for additional fees the following for fees and check box(es) for additional service(s) reque | ig services are available. Consult postmäster sted. | for fees and check bo | X(es) for additional service(s) reques | orovide you the name of the person delivered 3 services are available. Consult postmaster ted. Idress. 2. Restricted Delivery |
| to and the date of dollery, for additional sessible sthe following for fees and check box(es) for additional service(s) request 1. Bow to whom delivified tate, and addresses a strengthic set and the set and the set as the set of the set | (Extra charge) | Version and the second s | anta (Land charge) | (Extra charge) |
| 3. Article Addressed to: | 4. Article Number | 3. Article Addressed | 10. | 4. Article Number |
| Doyle Hartman C/o Harold Iwain | 1 046 612 028 | Lanesco | | P 046 6/2 020 |
| do Harold Iwain | Type of Service: | attn: Rob | urt Lansford | Registered Insured |
| Vianium. | | P.O. Bor 12 | 206 | Certified COD |
| A data da | Express Mall For Merchandise | P.O. Box 1: Jal, Jew | mediat | Express Mell Return Receipt |
| Jal, new mexico 88252 | Always obtain signature of addressee | 0 | - Japa | Always obtain signature of addresses |
| 5. Signature - Address | or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if | 5. Signature - Addr | 888 | or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if |
| X | requested and fee paid) | X SIMM | Chacin | requested and fee paid) |
| 6. Sigpatura – Agent | ▲, 2월 - 전 관련 관련 가지 않는다. | 6. Signature – Agen | | 1 · I |
| × aurer hater. | | X | | |
| 7. Date of Delivery | | 7. Date of Delivery | . () | |
| 10-10-90 | <u> </u> | 10-9-90 1 | eu | L |
| . PS Form 3811; Mar. 1988 + U.S.G.P.O. 1988-212 | 2-865 DOMESTIC RETURN RECEIPT | PS Form 3811, Mar. | 1988 * U.S.G.P.O. 1988-212 | -865 DOMESTIC RETURN RECEIPT |
| | · · · · · · · · · · · · · · · · · · · | | | |
| DENNED. | | | | |
| SENDER: Complete items 1 and 2 when additional | services are dealred, and complete items | SENDER: Complet | e Items 1 and 2 when additional r | services are desired, and complete items |
| Card from being returned to you. The return receipt fee will | rse side. Failure to do this will prevent this | Put your address in the | "RETURN TO" Space on the rever | se side. Failure to do this will prevent this |
| 3 and 4. Put your address in the "RETURN TO" Space on the reve card from being returned to you. The return receipt fee will 1 to and the date of delivery. For additional sees the followin it can be and check boxies for additional service(s) reque 1. L. Show to whom delivered, dete, and addresses a | g services are available. Consult postmaster ited. | to and the date of deliv | ery. For additional fees the following (es) for additional service(s) request | se side. Failure to do this will prevent this ovide you the name of the person delivered services are available. Consult postmaster |
| | dress. 2. Restricted Delivery (Extra charge) | 1. Show to whom | delivered, date, and addressee's add | dress. 2. 🖸 Restricted Delivery |
| 3. Article Addressed to: | 4. Article Number | 3. Article Addressed | (Extra charge) to: | (Extra charge) 4. Article Number |
| Jahoe. | P 046 612 022 | ancu | | P 046 612 023 |
| attri K. A. Freeman | Type of Service: | | vin Benfro | Type of Service: |
| 4402 W. Industrial | Registered Insured | P.O. Box | | Registered Insured Certified COD |
| mideand, Jr 19703 | Express Mail | | • | Express Mali D Return Receipt |
| | Always obtain signature of addressee | Tridland | L, JK 79702 | Always obtain signature of addressee |
| 5. Signature - Address | or agent and DATE DELIVERED. | | | or agent and DATE DELIVERED. |
| X | 8. Addressee's Address (ONLY if requested and fee paid) | 5. Signature – Addre | .88 | 8: Addressee's Address (ONLY if requested and fee paid) |
| 6 Signature - Agent | | X | | requestes and fee paids |
| * Jean compe | | 6. Signature Agent | | |
| 7. Date of Delivery | | 7. Date of Delivery | 1000 | |
| 10-9-90 | | | OCT 9 1990 | .* |
| PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212- | -865 DOMESTIC RETURN RECEIPT | PS Form 3811, Mar. 1 | 1988 + U.S.G.P.O. 1988-212- | 865 DOMESTIC RETURN RECEIPT |
| | | | | |
| | Man ja Manana ka | n ng namasing ga an an ang sana a | | |
| | | • • • • • • • • • • • • • • • • • • | · · · · · · · · · · · · · · · · · · · | |
| • SENDER: Complete Items 1 and 2 when additional | | . 3 and 4. | | services are desired, and complete items |
| But your address in the "BETLIEN TO" Space on the rave | ree side. Failure to do this will prevent this | 3 and 4. Put your address in t | he "RETURN TO" Space on the rev | erse side. Failure to do this will prevent this |
| 13 and 4. Put your address in the "RETURN TO" Space on the reve card from being returned to you. <u>The return receipt fee will r</u> to and the date of delivery. For additional fees the followin for fees and check box(es) for additional service(a) (request for additional service(a) (request). | rse side. Failure to do this will prevent this provide you the name of the person delivered g services are available. Consult postmaster ted. | 3 and 4. Put your address in t card from being return to and the date of del for fees and check b | the "RETURN TO" Space on the rev ned to you. <u>The return receipt fee will</u> ivery. For additional fees the followir oxlea) for additional service(a) reque | erse side. Failure to do this will prevent this provide you the name of the person delivered ig services are available. Consult postmaster sted. |
| 3 and 4. Put your address in the "RETURN TO" Space on the reve card from being returned to you. The return receipt fee will 1 to and the date of delivery. For additional fees the followin for fees and check box(es) for additional service(e) request 1. Show to whom delivered, date, and addressere as an | rse side. Failure to do this will prevent this provide you the name of the person delivered g services are evallable. Consult postmaster sted. direas. 2. | 3 and 4. Put your address in t card from being return to and the date of del for fees and check b | he "RETURN TO" Space on the rev ned to you. <u>The return receipt fee will</u> <u>livery</u> . For additional fees the followin ox(es) for additional service(s) reque m delivered, date, and addressee's a | erse side. Failure to do this will prevent this provide you the name of the person delivered ng services are available. Consult postmaster isted. ddress. 2. |
| 3 and 4. Put your address in the "RETURN TO" Space on the reversed from being returned to you. The return receipt fee will read the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request 1. Show to whom delivered, date, and addressee's a (Extra charge) 3. Article Addressed to: | rse side. Failure to do this will prevent this provide you the name of the person delivered g services are evallable. Consult postmaster rad. ddress. 2. | 3 and 4. Put your address in t card from being return to and the date of del for fess and check b 1. □ Show to who 3. Article Addresse | he "RETURN TO" Space on the rev- ned to you. The return receipt fee will lvery. For additional sees the followin So(Ge) for additional service(s) reque m delivered, date, and addressee's s (Eura charge) d to: | erse side. Failure to do this will prevent this provide you the name of the person deliverad ng services are available. Consult postmaster sted. ddress. 2. Restricted Delivery (Extra charge) 4. Article Number |
| 3 and 4. Put your address in the "RETURN TO" Space on the reversed from being returned to you. The return receipt fee will read the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request 1. Show to whom delivered, date, and addressee's a (Extra charge) 3. Article Addressed to: | rae side. Failure to do this will prevent this provide you the name of the person delivered g services are evallable. Consult postmaster rad. ddress. 2. \Box Restricted Delivery (<i>Extra charge</i>) 4. Article Number ρ 046 6/2 025 | 3 and 4. Put your address in t card from being return to and the date of del for fess and check b 1. □ Show to who 3. Article Addresse | he "RETURN TO" Space on the rev- ned to you. The return receipt fee will lvery. For additional sees the followin So(Ge) for additional service(s) reque m delivered, date, and addressee's s (Eura charge) d to: | erse side. Failure to do this will prevent this provide you the name of the person delivered ing services are available. Consult postmaster isted. iddress. 2. \Box Restricted Delivery (Extra charge) 4. Article Number ρ 046 612 0 27 |
| 3 and 4. Put your address in the "RETURN TO" Space on the reversed from being returned to you. The return receipt fee will read the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request 1. Show to whom delivered, date, and addressee's a (Extra charge) 3. Article Addressed to: | rse side. Failure to do this will prevent this <u>provide you the name of the person delivered</u> genvices are available. Consult postmaster sted. ddress. 2. □ Restricted Delivery (<i>Estra charge</i>) 4. Article Number <u>P 046 6(2.025</u> <u>Type of Services</u> | 3 and 4. Put your address in t card from being return to and the date of del for fess and check b 1. □ Show to who 3. Article Addresse | he "RETURN TO" Space on the rev- ned to you. The return receipt fee will lvery. For additional sees the followin So(Ge) for additional service(s) reque m delivered, date, and addressee's s (Eura charge) d to: | erse side. Failure to do this will prevent this provide you the name of the person delivered isted. Serie available. Consult posimaster isted. A. Article Number |
| 3 and 4. Put your address in the "RETURN TO" Space on the reversed from being returned to you. The return receipt fee will read the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request 1. Show to whom delivered, date, and addressee's a (Extra charge) 3. Article Addressed to: | rse side. Failure to do this will prevent this <u>provide you the name of the person delivered</u> gervices are evailable. Consult postmaster ted. diress. 2. Restricted Delivery (<i>Extra charge</i>) 4. Article Number P 046 (a/2,025 Type of Service: Insured P Certified COD | 3 and 4. Put your address in t card from being return to and the date of del for fess and check b 1. □ Show to who 3. Article Addresse | he "RETURN TO" Space on the rev- ned to you. The return receipt fee will lvery. For additional sees the followin Sx(ea) for additional service(a) reque m delivered, date, and addressee's a (Extra charge) d to: | erse side. Failure to do this will prevent this provide you the name of the person delivered ig services are available. Consult postmaster sted. sted. ddress. 2. Restricted Delivery (Extra charge) 4. Article Number P 046 612 027 Type of Service: Registered Insured P Certified COD |
| 3 and 4. Put your address in the "RETURN TO" Space on the revector from being returned to you. The return receipt fee will a to and the date of delivery. For additional fees the following for fees and check boxies) for additional service(s) request 1. Show to whom delivered, date, and addresses's an (Extra charge) | rse side. Failure to do this will prevent this <u>provide you the name of the person delivered</u> gervices are evallable. Consult postmaster sted. ddrese. 2. □ Restricted Delivery (<i>Extra charge</i>) 4. Article Number <u>P</u> 0.46 (6/2, 025) Type of Service: □ Registered □ Insured | 3 and 4. Put your address in t card from being return to and the date of del for fess and check b 1. □ Show to who 3. Article Addresse | he "RETURN TO" Space on the rev ned to you. The return receipt fee will livery. For additional fees the followir ox(se) for additional service(s) reque m delivered, date, and addressee's a (Eutra charge) | erse side. Failure to do this will prevent this provide you the name of the person delivered ng services are available. Consult postmaster isted. |
| 3 and 4. Put your address in the "RETURN TO" Space on the reversed from being returned to you. The return receipt fee will read the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request 1. Show to whom delivered, date, and addressee's a (Extra charge) 3. Article Addressed to: | rse side. Failure to do this will prevent this <u>provide you the name of the person delivered</u> gervices are evailable. Consult postmaster ted. diress. 2. Restricted Delivery (<i>Extra charge</i>) 4. Article Number <i>P</i> 0.4/6 (6/2, 025 Type of Service: Registered Insured Gottified Cob Expriges Mell Aiweys obtain signature of addressee | 3 and 4. Put your address in t card from being return to and the date of del for fess and check b 1. □ Show to who 3. Article Addresse | he "RETURN TO" Space on the rev- ned to you. The return receipt fee will lvery. For additional sees the followin Sx(ea) for additional service(a) reque m delivered, date, and addressee's a (Extra charge) d to: | erse side. Failure to do this will prevent this provide you the name of the person delivered in services are available. Consult postmaster isted. address. 2. Restricted Delivery (Extra charge) 4. Article Number $P O F G G S C O 27$ Type of Service: Registered Insured $P C F G S C O 27$ Type of Service: Express Mall Herthandise Always obtain signature of addressee |
| 3 and 4. Put your address in the "RETURN TO" Space on the revector from being returned to you. The return receipt fees will 1 to and the date of delivery: for additional service(el requer). 1. I show to whom delivered, date, and addressee's energy. 3. Article Addressed to: Marathon | rse side. Failure to do this will prevent this <u>provide you the name of the person delivered</u> gervices are available. Consult postmaster sted. diress. 2. Restricted Delivery (<i>Extra charge</i>) 4. Article Number <u>P of 6 (12,025</u>) Type of Service: Registered Insured <u>P of Construction</u> Type of Service: Registered Return Receipt for Merchandise Always obtain signsture of addressee or agent and <u>DATE DELIVERED</u> . | 3 and 4. Put your address In t card from being return to and the dets of del for fees and check b 1. Brow to who 3. Article Addresse Jrace <i>P. O. Br</i> . Midlan | he "RETURN TO" Space on the rev. ned to you. The <u>return receipt fee will</u> liver, For additional service(s) reque m delivered, date, and addressee's e (Eura charge) d to: Petroleum auw 2358 nd, Ju 79702 | erse side. Failure to do this will prevent this provide you the name of the person delivered gervices are available. Consult posimaster sted. are available. Consult posimaster (Extra charge) 4. Article Number / 046 6/2 027 Type of Service: Aregistered Insured Centified COD Certified COD Figure Accept for Merchandise Always obtain signature of addressee or egent end <u>DATE DELIVERED</u> . |
| 3 and 4. Put your address in the "RETURN TO" Space on the reversed from being returned to you. The return receipt fee will read the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request 1. Show to whom delivered, date, and addressee's a (Extra charge) 3. Article Addressed to: | rse side. Failure to do this will prevent this <u>provide you the name of the person delivered</u> gervices are evailable. Consult postmaster ted. diress. 2. Restricted Delivery (<i>Extra charge</i>) 4. Article Number <i>P</i> 0.4/6 (6/2, 025 Type of Service: Registered Insured Gottified Cob Expriges Mell Aiweys obtain signature of addressee | 3 and 4. Put your address in t card from being return to and the date of del to the del to | he "RETURN TO" Space on the rev. ned to you. The <u>return receipt fee will</u> liver, For additional service(s) reque m delivered, date, and addressee's e (Eura charge) d to: Petroleum auw 2358 nd, Ju 79702 | erse side. Failure to do this will prevent this provide you the name of the person delivered in services are available. Consult postmaster isted. address. 2. Restricted Delivery (Extra charge) 4. Article Number $P O F G G S C O 27$ Type of Service: Registered Insured $P C F G S C O 27$ Type of Service: Express Mall Herthandise Always obtain signature of addressee |
| 3 and 4. Put your address in the "RETURN TO" Space on the revector from being returned to you. The return receipt fees will 1 to and the date of delivery. For additional service(s) request 1. I show to whom delivered, date, and addressee's at (Extra charge) 3. Article Addressed to: Marathon | rse side. Failure to do this will prevent this <u>provide you the name of the person delivered</u> gervices are evallable. Consult postmaster sted. ddress. 2. □ Restricted Delivery (<i>Extra charge</i>) 4. Article Number <u>P</u> 0.4/6 (6/2) 025 Type of Service: □ Registered □ Insured @ Certified □ COD □ Express Meil @ Return Receipt for Merchandise Aiways obtain signature of addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (<i>ONLY</i> if | 3 and 4. Put your address In t card from being return to and the dets of del for fees and check b 1. Brow to who 3. Article Addresse Jrace <i>P. O. Br</i> . Midlan | he "RETURN TO" Space on the rev. ned to you. The <u>return receipt fee will</u> iver, For additional service(a) reque m delivered, dete, and addressee's a (Eura charge) d to: Petroleum auw 2358 au , Ju 79702. Iress | erse side. Failure to do this will prevent this provide you the name of the person delivered in services are available. Consult postmaster sted. 4. Article Number POHGOL2027 Type of Service: Registered Insured Contified COD Express Mall For Merchandise Always obtain signature of addressee or egent and DATE DELIVERED. 8. Addressee's Address (ONLY ff. |
| 3 and 4. Put your address in the "RETURN TO" Space on the reve card from being returned to you. The return receipt fee will 1 to and the date of delivery. For additional sease the followin for fees and check box(es) for additional service(e) request 1. I show to whom delivered, date, and addressee a (Extra charge) 3. Article Addressed to: Marathen attn: W.O. Inydew Boy 552. Midland & 19702 5. Signature - Address X 8. Signature - Agent Ammod Addressed to: Ammod Addressed to: | rse side. Failure to do this will prevent this <u>provide you the name of the person delivered</u> gervices are evallable. Consult postmaster sted. ddress. 2. □ Restricted Delivery (<i>Extra charge</i>) 4. Article Number <u>P</u> 0.4/6 (6/2) 025 Type of Service: □ Registered □ Insured @ Certified □ COD □ Express Meil @ Return Receipt for Merchandise Aiways obtain signature of addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (<i>ONLY</i> if | 3 and 4. Put your address in t card from being return to and the dets of del for fees and check b 1. □ Show to whow 3. Article Addresse Jhace P. O. Br midlar 5. Signature - Add X | he "RETURN TO" Space on the rev. ned to you. The <u>return receipt fee will</u> iver, For additional service(a) reque m delivered, dete, and addressee's a (Eura charge) d to: Petroleum auw 2358 au , Ju 79702. Iress | erse side. Failure to do this will prevent this provide you the name of the person delivered in services are available. Consult postmaster sted. 4. Article Number POHGOL2027 Type of Service: Registered Insured Contified COD Express Mall For Merchandise Always obtain signature of addressee or egent and DATE DELIVERED. 8. Addressee's Address (ONLY ff. |
| 3 and 4. Put your address in the "RETURN TO" Space on the revector from being returned to you. The return receipt fees will 1 to and the date of delivery: for additional service(el requet). 1. I Show to whom delivered, date, and addresses a constraint of the service of the servi | rse side. Failure to do this will prevent this <u>provide you the name of the person delivered</u> gervices are evallable. Consult postmaster sted. ddress. 2. □ Restricted Delivery (<i>Extra charge</i>) 4. Article Number <u>P</u> 0.4/6 (6/2) 025 Type of Service: □ Registered □ Insured @ Certified □ COD □ Express Meil @ Return Receipt for Merchandise Aiways obtain signature of addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (<i>ONLY</i> if | 3 and 4. Put your address in t card from being return to and the dets of del for fees and check b 1. □ Show to whow 3. Article Addresse Jhace P. O. Br midlar 5. Signature - Add X | he "RETURN TO" Space on the rev. ned to you. The <u>return receipt fee will</u> livery. For additional service(a) reque m delivered, date, and addressee's a (Euro charge) d to: Petroleum auw 2358 a), Ju 79702. Iress nt | erse side. Failure to do this will prevent this provide you the name of the person delivered in services are available. Consult postmaster sted. 4. Article Number POHGOL2027 Type of Service: Registered Insured Contified COD Express Mall For Merchandise Always obtain signature of addressee or egent and DATE DELIVERED. 8. Addressee's Address (ONLY ff. |
| 3 and 4. Put your address in the "RETURN TO" Space on the revector from being returned to you. The return receipt fee will 1 to and the date of delivery. For additional tests the following for frequent 1. I show to whom delivered, date, and addresses a constraint of the second state of t | rse side. Failure to do this will prevent this <u>provide you the name of the person delivered</u> gervices ere evailable. Consult postmaster ted. diress. 2. Restricted Delivery (<i>Extra charge</i>) 4. Article Number <i>P</i> 046 6(12,025) Type of Service: Insured Growtlined Const Registered Insured Growtlined Const Restricted Return Receipt for Merchandise Alivers obtain signature of addressee or sgent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if requested and fee paid) | 3 and 4. Put your address in t card from being return to and the dete of dete of the for fees and check bit. Show to whole the stand of the standard term of t | he "RETURN TO" Space on the rev ned to you. The return receipt fee will liver, for additional service(s) reque m delivered, date, and addressee's e (Extra charge) d to: Petroleum auw 2358 rd, Jr 79702. iress nt Jan 79702. | erse side. Failure to do this will prevent this provide you the name of the person delivered isted. are evailable. Consult postmaster isted. 4. Article Number P 0 #6 6/2 0 27 Type of Service: Article Number P 0 #6 6/2 0 27 Type of Service: Article Number P 0 #6 6/2 0 27 Type of Service: Article Number P 0 #6 0/2 0 27 Type of Service: Article Nu |
| 3 and 4. Put your address in the "RETURN TO" Space on the revector from being returned to you. The return receipt fees will 1 to and the date of delivery. For additional search for low with for fees and check box(es) for additional search(ate, and addresses's and (Extra charge) 3. Article Addressed to: Marathen attack of the search of the sea | rse side. Failure to do this will prevent this <u>provide you the name of the person delivered</u> gervices ere evailable. Consult postmaster ted. diress. 2. Restricted Delivery (<i>Extra charge</i>) 4. Article Number <i>P</i> 046 6(12,025) Type of Service: Insured Growtlined Const Registered Insured Growtlined Const Restricted Return Receipt for Merchandise Alivers obtain signature of addressee or sgent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if requested and fee paid) | 3 and 4. Put your address in t card from being return to and the date of del of the del of t | he "RETURN TO" Space on the rev ned to you. The return receipt fee will liver, For additional service(s) reque m delivered, date, and addressee's e (Extra charge) d to: <i>Petroleum</i> auw 2358 rd, 5x 79902. | erse side. Failure to do this will prevent this provide you the name of the person delivered isted. are evailable. Consult postmaster isted. 4. Article Number P 0 #6 6/2 0 27 Type of Service: Article Number P 0 #6 6/2 0 27 Type of Service: Article Number P 0 #6 6/2 0 27 Type of Service: Article Number P 0 #6 0/2 0 27 Type of Service: Article Nu |
| 3 and 4. Put your address in the "RETURN TO" Space on the reve card from being returned to you. The return receipt fee will 1 to and the date of delivery. For additional search collowing for fees and check box(es) for additional search request 1. Show to whom delivered, date, and addresses a (Exra charge) 3. Article Addressed to: Marathen actor W.O. Inydew Boy 552 midland Jr 79702 5. Signature - Address X 6. Signature - Address X 7. Date of Delivery OCT 9 1990 PS Form 3811, Mar. 1988 + U.S. Q.P.O. 1968-212 | rse side. Failure to do this will prevent this <u>provide you the name of the person delivered</u> gervices are evailable. Consult postmaster ted. diress. 2. Restricted Delivery (<i>Extra charge</i>) 4. Article Number P 046 (6/2, 025 Type of Service: Registered Insured Growtined Con Exprove Mell Protein Receipt for Merchandles Always obtain signature of addressee or sgent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if requested and fee paid) -865 DOMESTIC RETURN RECEIPT | 3 and 4. Put your address in t card from being return to and the dete of dete of the for fees and check bit. Show to whole the stand of the standard term of t | he "RETURN TO" Space on the rev ned to you. The return receipt fee will liver, for additional service(s) reque m delivered, date, and addressee's e (Extra charge) d to: Petroleum auw 2358 rd, Jr 79702. iress nt Jan 79702. | erse side. Failure to do this will prevent this provide you the name of the person delivered isted. are evailable. Consult postmaster isted. 4. Article Number P 0 #6 6/2 0 27 Type of Service: Article Number P 0 #6 6/2 0 27 Type of Service: Article Number P 0 #6 6/2 0 27 Type of Service: Article Number P 0 #6 0/2 0 27 Type of Service: Article Nu |
| 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will 1 to and the date of additional fees the following for additional service(e) request 1. Show to whom delivered, date, and addresses a constraint of the date of additional service(e) request 1. Article Addressed to: "Marathem autors" W.O. Involve Boy 552. "Midland Dr. 19702. Signature - Address X. S | rse side. Failure to do this will prevent this <u>provide you the name of the person delivered</u> gervices are evailable. Consult postmaster ted. diress. 2. Restricted Delivery (<i>Extra charge</i>) 4. Article Number P 046 (6/2, 025 Type of Service: Registered Insured Growtined Con Exprove Mell Protein Receipt for Merchandles Always obtain signature of addressee or sgent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if requested and fee paid) -865 DOMESTIC RETURN RECEIPT | 3 and 4. Put your address in t card from being return to and the dete of dete of the for fees and check bit. 3. Article Addressee Frace D. O. Brace D. D. Brace D. Brace D. B. Brace D. | he "RETURN TO" Space on the rev ned to you. The return receipt fee will liver, For additional service(s) reque m delivered, date, and addressee's a (Extra charge) d to: Petroleum auw 2358 rd., 5x 79702. ress nt DCT 91990 1988 + U.S.G.P.O. 1988-212 | erse side. Failure to do this will prevent this provide you the name of the person delivered georylose site available. Consult postmaster sted. 4. Article Number 046 6/2 027 Type of Service: Registered Insured Contined COD Express Mall COD Always obtain signiture of addressee or egent end <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if requested and fee paid) 2-865 DOMESTIC RETURN RECEIPT |
| 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will 1 to and the date of additional fees the following for additional service(e) request 1. Show to whom delivered, date, and addresses a constraint of the date of additional service(e) request 1. Article Addressed to: "Marathem autors" W.O. Involve Boy 552. "Midland Dr. 19702. Signature - Address X. S | rse side. Failure to do this will prevent this <u>provide you the name of the person delivered</u> gervices are evailable. Consult postmaster ted. diress. 2. Restricted Delivery (<i>Extra charge</i>) 4. Article Number P 046 (6/2, 025 Type of Service: Registered Insured Growtined Con Exprove Mell Protein Receipt for Merchandles Always obtain signature of addressee or sgent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if requested and fee paid) -865 DOMESTIC RETURN RECEIPT | 3 and 4. Put your address in t card from being return to and the dets of del bit of the sea and check bit. 1. Show to whole the sea and check bit. 3. Article Addressee for the sea and check bit. 3. Article Addressee for the sea and check bit. 3. Article Addressee for the sea and check bit. 5. Signature - Add X 6. Signature - Add X 6. Signature - Add X 7. Date of Belivery PS Form 3811, Mar. | he "RETURN TO" Space on the rev. ned to you. The return receipt fee will liver, For additional service(a) reque m delivered, date, and addressee's a (Extra charge) d to: Petroleum auw 2358 nd, 54 79702. ress nt 000000000000000000000000000000000000 | erse side. Failure to do this will prevent this provide you the name of the person deliverad gervices are available. Consult posimaster sted. are available. Consult posimaster sted. 4. Article Number P 046 612 027 Type of Service: Registered Insured Cortified COD Express Mall Pieturn Receipt for Merchandise Always obtain signeture of addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if reguested and fee paid) 2-865 *** DOMESTIC RETURN RECEIPT services are desired, and complete items |
| 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will 1 to and the date of additional fees the following for additional service(e) request 1. Show to whom delivered, date, and addresses a constraint of the date of additional service(e) request 1. Article Addressed to: "Marathem autors" W.O. Involve Boy 552. "Midland Dr. 19702. Signature - Address X. S | rse side. Failure to do this will prevent this <u>provide you the name of the person delivered</u> gervices are evailable. Consult postmaster ted. diress. 2. Restricted Delivery (<i>Extra charge</i>) 4. Article Number P 046 (6/2, 025 Type of Service: Registered Insured Growtined Con Exprove Mell Protein Receipt for Merchandles Always obtain signature of addressee or sgent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if requested and fee paid) -865 DOMESTIC RETURN RECEIPT | 3 and 4. Put your address in t card from being return to and the dets of del bit of the sea and check bit. 1. Show to whole the sea and check bit. 3. Article Addressee for the sea and check bit. 3. Article Addressee for the sea and check bit. 3. Article Addressee for the sea and check bit. 5. Signature - Add X 6. Signature - Add X 6. Signature - Add X 7. Date of Belivery PS Form 3811, Mar. | he "RETURN TO" Space on the rev. ned to you. The return receipt fee will liver, For additional service(a) reque m delivered, date, and addressee's a (Extra charge) d to: Petroleum auw 2358 nd, 54 79702. ress nt 000000000000000000000000000000000000 | erse side. Failure to do this will prevent this provide you the name of the person deliverad gervices are available. Consult posimaster sted. are available. Consult posimaster sted. 4. Article Number P 046 612 027 Type of Service: Registered Insured Cortified COD Express Mall Pieturn Receipt for Merchandise Always obtain signeture of addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if reguested and fee paid) 2-865 *** DOMESTIC RETURN RECEIPT services are desired, and complete items |
| 3 and 4. 9 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will 1 to and the date of delivery. For additional service(e) request 1. Show to whom delivered, date, and addresses a card character of the date of delivery. For additional service(e) request 1. Show to whom delivered, date, and addresses a card character of the date of delivery. For additional service(e) request 1. Show to whom delivered, date, and addresses a card character of the date of the | rse side. Failure to do this will prevent this <u>provide you the name of the person delivered</u> gervices ere evailable. Consult positions ted. diress. 2. Restricted Delivery (<i>Extra charge</i>) 4. Article Number <i>P</i> 0.4/6 (6/2.025 Type of Service: Registered Insured Contined Con For Merchandise Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if requested and fee paid) -865 DOMESTIC RETURN RECEIPT diservices are desired, and complete items eress side. Feilure to do this will prevent this provide you the name of the person delivered ng services are evailable. Consult postmaster sted. 2. Restricted Delivery | 3 and 4. Put your address in t card from being return to and the dets of del bit of the sea and check bit. 1. Show to whole the sea and check bit. 3. Article Addressee for the sea and check bit. 3. Article Addressee for the sea and check bit. 3. Article Addressee for the sea and check bit. 5. Signature - Add X 6. Signature - Add X 6. Signature - Add X 7. Date of Belivery PS Form 3811, Mar. | he "RETURN TO" Space on the rev. ned to you. The return receipt fee will liver, For additional service(a) reque m delivered, date, and addressee's a (Extra charge) d to: Petroleum auw 2358 nd, 54 79702. ress nt 000000000000000000000000000000000000 | erse side. Failure to do this will prevent this provide you the name of the person deliverad gervices are available. Consult posimaster sted. are available. Consult posimaster sted. 4. Article Number P 046 612 027 Type of Service: Registered Insured Cortified COD Express Mall Pieturn Receipt for Merchandise Always obtain signeture of addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if reguested and fee paid) 2-865 *** DOMESTIC RETURN RECEIPT services are desired, and complete items |
| 3 and 4. Put your address in the "RETURN TO" Space on the reverant from being returned to you. The return receipt fee will 1 to and the date of delivery. For additional service(el requer). 1. □ Show to whom delivered, date, and addresses a constraint of the date of delivery. 3. Article Addressed to: Marathen attract home attract home Boy 552 Midland dr. 29702 5. Signature - Address 8. Signature - Address 8. Signature - Address 9. OCT 9 1950 PS Form 3811, Mar. 1988 * U.S.Q.P.O. 1988-212 SENDER: Complete items 1 and 2 when additional result for lease in the "RETURN TO" Space on the reveal of the delivery. | rse side. Failure to do this will prevent this <u>provide you the name of the person delivered</u> gervices ere evailable. Consult postmaster ted. diress. 2. □ Restricted Delivery (<i>Extra charge</i>) 4. Article Number <u>P 046 6(2.025</u> Type of Service: □ Registered □ Insured <u>D Certified</u> □ COD □ Exprogs Meil □ Receipt for Merchandise or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if requested and fee paid) -665 DOMESTIC RETURN RECEIPT al services are desired, and complete items erse side. Feilure to do this will prevent this provide you the name of the person delivered geted. address. 2. □ Restricted Delivery (Extra charge) | 3 and 4. Put your address in t card from being return to and the dets of del bit of the sea and check bit. 1. Show to whole the sea and check bit. 3. Article Addressee for the sea and check bit. 3. Article Addressee for the sea and check bit. 3. Article Addressee for the sea and check bit. 5. Signature - Add X 6. Signature - Add X 6. Signature - Add X 7. Date of Belivery PS Form 3811, Mar. | he "RETURN TO" Space on the rev ned to you. The return receipt fee will liver, For additional service(a) reque m delivered, date, and addressee's a (Extra charge) d to: Petroleum auw 2358 ad, Ju 79702. Itess nt DCT 91990 1988 + U.S.G.P.O. 1988-212 este items 1 and 2 when additional ie "RETURN TO" Space on the reve additional service(a) requir way. For additional service(a) requir way. For additional service(a) reque in addiverse the followin X(e) for additional service(a) reque n addiverse to the followin addiverse to the followin (a) a service to the reve additional service(b) reque to a diverse to date, and a ddiressee's a | erse side. Failure to do this will prevent this provide you the name of the person delivered georylose are available. Consult postmaster sted. 4. Article Number POHO 6/2 027 Type of Service: Registered Insured Certified Consult postmaster Always obtain signature of addressee or egent end DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) 2-865 DOMESTIC RETURN RECEIPT services are desired, and complete items res. side. Failure to do this will prevent this forwide you the name of the person delivered gent end Batter the formation of the person delivered gent end consult postmaster atter. Services are desired. and complete items res. side. Failure to do this will prevent this forwide you the name of the person delivered diress. 2. Restricted Delivery |
| 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will 1 to and the date of delivery. For additional service(el requer). 1. □ Show to whom delivered, date, and addressee's an (Extra charge) 3. Article Addressed to: Marathen attract the service of the | rse side. Failure to do this will previent this provide you the name of the person delivered gervices are evallable. direase. 2. Restricted Delivery (<i>Etra charge</i>) 4. Article Number P 046 (6/2.025 Type of Service: Insured P 046 (6/2.025 Type of Service: Or Marchalles Always obtain signsture of eddressee or agent and <u>DATE DELIVERED</u> . 8. Addressee a Address (ONLY if requested and fee paid) -665 DOMESTIC RETURN RECEIPT I services are desired, and complete items erse side. Failure to do this will prevent this provide you the name of the person delivered pisetd. Bestricted Delivery (<i>Extra charge</i>) 4. Article Number | 3 and 4. Put your address in t card from being return to and the dets of del bit of the sea and check bit. 1. Show to whole the sea and check bit. 3. Article Addressee for the sea and check bit. 3. Article Addressee for the sea and check bit. 3. Article Addressee for the sea and check bit. 5. Signature - Add X 6. Signature - Add X 6. Signature - Add X 7. Date of Belivery PS Form 3811, Mar. | he "RETURN TO" Space on the rev ned to you. <u>The return receipt fee will</u> liver, For additional service(s) reque m delivered, date, and addressee's a (Extra charge) d to: <i>Patholeum</i> auw 2358 d, Ju 79702. ress nt DCT 91990 1988 * U.S.G.P.O. 1988-212 ste items 1 and 2 when additional te "RETURN TO" Space on the reve d to to the reve d to: return receipt fee will very. For additional fees the followin year, for additional service(s) fage will n delivered, date, and addressee's a (Extra charge) | erse side. Failure to do this will prevent this provide you the name of the person deliverad gervices are available. Consult postmaster sted. 4. Article Number 0 0 4 6 6 12 0 27 Type of Service: Article Number 0 0 4 6 6 12 0 27 Type of Service: Always obtain signeture of addressee or egent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY (f. requested and fee paid) 2. Botherstic RETURN RECEIPT services are desired, and complete items resedide. Failure to do this will prevent this provide you the name of the person deliverad genvices are available. Consult postmaster sted. ddress. 2. Bestricted Delivery (Extra charge) 4. Article Number |
| 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will 1 to and the date of additional fees the following for additional fees the following fees the following for additional fees the following for fees and the fees the following for fees and the filters, for additional fees the following for fees and the for the filters, for additional fees the following for fees and the following for fees and filters fees the following for fees and check boxies for additional service for fees will for fees and check boxies for additional service for fees will for fees and check boxies for additional fees the following for fees and check boxies for additional fees will for fees and check boxies for additional fees the following for fees and check boxies for additional fees first for additional fees and the following for additional fees the following for fees and check boxies for additional fees the following for fees and check boxies for additional fees first following for fees and check boxies for additional fees for additional fe | rse side. Failure to do this will prevent this <u>provide you the name of the person delivered</u> gervices ere evailable. Consult postmaster ted. diress. 2. □ Restricted Delivery (Etra charge) 4. Article Number P 046 6(2.025 Type of Service: □ Registered □ Insured □ Contified □ COD □ Expriges Mell □ for Merchandise Alweys obtain signeture of addressee or sgent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLLY if requested and fee paid) ■ Bervices are desired, and complete items erse side. Failure to do this will prevent this provide you the name of the person delivered ng services are evailable. Consult postmaster sted. Article Number P 046 6(2.019 Carr charge) 4. Article Number P 046 6(2.019 Type of Service: 1. Services are services (ONLLY if requested and fee paid) | S and 4. Put your address in t card from being return to and the dets of deil for fees and check b I. □ Show to whole 3. Article Addressee Brace D. O. Brace P. O. Brace Tridlar Signature - Add Signature - | he "RETURN TO" Space on the rev ned to you. The return receipt fee will liver, For additional service(s) reque m delivered, date, and addressee's a (Extra charge) d to: Petroleum auw 2358 nd, 54 79702. ress nt DCT 91990 1988 + U.S.G.P.O. 1988-212 sta Items 1 and 2 when additional is"RETURN TO" Space on the reve ed to Fu. The return receipt fee will be return to "Space on the reve ed to for additional service(s) fee will be the to for additional service(s) for editional State items d eddressee's a (Extra charge) | erse side. Failure to do this will prevent this provide you the name of the person delivered gervices are available. Consult postmaster sted. 4. Article Number POHO 6(2) 027 Type of Service: Article Number POHO 6(2) 027 Type of Service: Ausyse obtain signeture of addresses or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if reguested and fee paid) 8. Addressee's Address (ONLY if reguested and fee paid) 6. Combined the person delivered differs. 9. Check (Combined the person delivered differs. 8. Article Number . P 046 612 024 |
| 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will 1 to and the date of additional fees the following for additional fees the following fees the following for additional fees the following for fees and the fees the following for fees and the filters, for additional fees the following for fees and the for the filters, for additional fees the following for fees and the following for fees and filters fees the following for fees and check boxies for additional service for fees will for fees and check boxies for additional service for fees will for fees and check boxies for additional fees the following for fees and check boxies for additional fees will for fees and check boxies for additional fees the following for fees and check boxies for additional fees first for additional fees and the following for additional fees the following for fees and check boxies for additional fees the following for fees and check boxies for additional fees first following for fees and check boxies for additional fees for additional fe | rse side. Failure to do this will prevent this provide you the name of the person delivered gesrvices are evailable. Consult postmaster sted. diress. 2. Restricted Delivery (Extra charge) 4. Article Number 0.46.6.0.2.5 Type of Services: Insured Registered Insured D'Express Mail Order Receipt for Merchandise Always obtain signstrue of addresse or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) -865 DOMESTIC RETURN RECEIPT Il services are desired, and complete items eras side. Feilure to do this will prevent this provide you the name of the person delivered ng services are available. Consult postmaster sted. address. 2. Restricted Delivery (Exm charge) 4. Article Number PO 4/6 6/2 0/9 1.000000000000000000000000000000000000 | S and 4. Put your address in t card from being return to and the dets of deil for fees and check b I. □ Show to whole 3. Article Addressee Brace D. O. Brace P. O. Brace Tridlar Signature - Add Signature - | he "RETURN TO" Space on the rev ned to you. The return receipt fee will liver, For additional service(s) reque m delivered, date, and addressee's a (Extra charge) d to: Petroleum auw 2358 nd, 54 79702. ress nt DCT 91990 1988 + U.S.G.P.O. 1988-212 sta Items 1 and 2 when additional is"RETURN TO" Space on the reve ed to Fu. The return receipt fee will be return to "Space on the reve ed to for additional service(s) fee will be the to for additional service(s) for editional State items d eddressee's a (Extra charge) | erse side. Failure to do this will prevent this provide you the name of the person deliverad georylose are available. Consult postmaster sted. 4. Article Number P 046 6/2 027 Type of Service: Registered Insured Certified CoD Express Mall Heturn Receipt for Merchandise Always obtain signature of addressee or sgent end DATE DELIVERED. 8. Addressee's Address (ONLY if reguested and fee paid) 2-865 DOMESTIC RETURN RECEIPT services are desired, and complete items free side, Failure to do this will prevent this free side. Failure to do this will prevent this forvide you the name of the person delivered gestycless are available. Consult postmaster sted. diress. 2. Restricted Delivery (Extra charge) 4. Article Number P 046 6/2 024 Type of Service: |
| 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will 1 to and the date of delivery. For additional fees the followin for fees and check box(es) for additional service(e) request 1. Show to whom delivered, date, and addressee's a constraint of the date of delivery. For additional service(e) request 1. Show to whom delivered, date, and addressee's a constraint of the date of delivery. For additional service(e) request 1. Show to whom delivered, date, and addressee's and check box(es) for additional service(e) request 2. Article Addressed to: Maraithon autor W.O. Jourdew Boyl 552. Midland Dr. 19702 Signature - Address X Signature - Addresse X | rse side. Failure to do this will prevent this provide you the name of the person delivered gestrices are evallable. Consult postmaster ited. diress. 2. Restricted Delivery (Etra charge) 4. Article Number 0.46. (6/2.025) Type of Service: Insured Potto (6/2.025) Type of Service: Registered Insured Provide (6/2.025) Type of Service: Registered Insured Provide Service: Registered Avers obtain signsture of addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if requested and fee paid) -665 DOMESTIC RETURN RECEIPT Il services are desired, and complate items erse side. Failure to do this will prevent this provide you the name of the person delivered gest vices ere available. Consult postmaster sted. address. 2. Restricted Delivery (Extra charge) 4. Article Number 0.46. 6/2.0/9 Type of Service: Insured Po 46. 6/2.0/9 Type of Service: | S and 4. Put your address in t card from being return to and the dets of deil for fees and check b I. □ Show to whole 3. Article Addressee Brace D. O. Brace P. O. Brace Tridlar Signature - Add Signature - | he "RETURN TO" Space on the rev ned to you. The return receipt fee will liver, For additional service(s) reque m delivered, date, and addressee's a (Extra charge) d to: Petroleum auw 2358 nd, 54 79702. ress nt DCT 91990 1988 + U.S.G.P.O. 1988-212 sta Items 1 and 2 when additional is"RETURN TO" Space on the reve ed to Fu. The return receipt fee will be return to "Space on the reve ed to for additional service(s) fee will be the to for additional service(s) for editional State items d eddressee's a (Extra charge) | erse side. Failure to do this will prevent this provide you the name of the person delivered gervices are available. Consult postmaster sted. 4. Article Number POHO GIL 027 Type of Service: Registered Insured Certified COD Express Mall Pfeturn Receipt for Merchandise Always obtain signeture of addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if reguested and fee paid) 2-865 Comment of the person delivery (Extra charge) 4. Article Number Certified Con B. Addressee's Address (ONLY if reguested and fee paid) 2-865 Comment of the person delivery defress. 2. Restricted Delivery (Extra charge) 4. Article Number . POHO GIL 02.4 Type of Service: Arguested Con Con Con Con Con Con Con Con |
| 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will 1 to and the date of additional fees the following for additional fees the following fees the following for additional fees the following for fees and the fees the following for fees and the filters, for additional fees the following for fees and the for the filters, for additional fees the following for fees and the following for fees and filters fees the following for fees and check boxies for additional service for fees will for fees and check boxies for additional service for fees will for fees and check boxies for additional fees the following for fees and check boxies for additional fees will for fees and check boxies for additional fees the following for fees and check boxies for additional fees first for additional fees and the following for additional fees the following for fees and check boxies for additional fees the following for fees and check boxies for additional fees first following for fees and check boxies for additional fees for additional fe | rse side. Failure to do this will prevent this <u>provide you the name of the person delivered</u> gervices ere evailable. Consult postmaster ted. diress. 2. Restricted Delivery (<u>Extra charge</u>) 4. Article Number <u>P 046 6(2.025</u> Type of Service: Registered Insured COD Express Mail COD 8. Addressee's Address (ONLY if requested and fee paid) 8. Addressee's Address (ONLY if requested and fee paid) 4. Article Number <u>P 0 46 612 029</u> 4. Article Number <u>P 0 46 612 029</u> 4. Article Number <u>P 0 46 612 029</u> Type of Service: Registered Insured Con Con Con Con Con Con Con Con | S and 4. Put your address in t card from being return to and the date of del for fees and check b I Bhow to whole Article Addressee Frace D. Brace D. Brace D. Brace D. Brace To Bignature - Add Signature - Add Band - Add Band - Add Band - Band Put your address in the card from being return to and the date of dell for fees and check be Show to whor Article Addressee | he "RETURN TO" Space on the rev ned to you. The return receipt fee will liver, For additional service(s) reque m delivered, date, and addressee's a (Extra charge) d to: Petholeum auw 2358 rd., 54 79702. ress nt DCT 91990 1988 + U.S.G.P.O. 1988-212 eta items 1 and 2 when additional is "RETURN TO" Space on the reve add to you. The return receipt fee will very. For additional seas the followin yery. For additional seas the followin very. For additional seas the followin very. For additional seas the followin very. For additional seas the followin tress and addressee's a (Extra charge) 1 to: aw Cramer DOL 2000 2000 2000 2000 2000 2000 2000 20 | erse side. Failure to do this will prevent this provide you the name of the person delivered gervices are available. Consult postmaster sted. 4. Article Number POHO GIL 027 Type of Service: Registered Insured Certified COD Express Mall Pfeturn Receipt for Merchandise Always obtain signeture of addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if reguested and fee paid) 2-865 Comment of the person delivery (Extra charge) 4. Article Number Certified Con B. Addressee's Address (ONLY if reguested and fee paid) 2-865 Comment of the person delivery defress. 2. Restricted Delivery (Extra charge) 4. Article Number . POHO GIL 02.4 Type of Service: Arguested Con Con Con Con Con Con Con Con |
| 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will 1 to and the date of delivery. For additional fees the followin for fees and check box(es) for additional service(e) request 1. Show to whom delivered, date, and addressee's a constraint of the date of delivery. For additional service(e) request 1. Show to whom delivered, date, and addressee's a constraint of the date of delivery. For additional service(e) request 1. Show to whom delivered, date, and addressee's and check box(es) for additional service(e) request 2. Article Addressed to: Maraithon autor W.O. Jourdew Boyl 552. Midland Dr. 19702 Signature - Address X Signature - Addresse X | rse side. Failure to do this will prevent this provide you the name of the person delivered gesrvices are evallable. Consult postmaster ited. diress. 2. Restricted Delivery (Etra charge) 4. Article Number 0.46. (6/2.025 Type of Service: Insured Potto (6/2.025 Type of Service: Registered Insured Provide (6/2.025 Type of Service: Registered Insured Provide Service: Registered Averya obtain signsture of addressee or agent and <u>DATE DELIVERED.</u> 8. Addresse (ONLY if requested and fee paid) -665 DOMESTIC RETURN RECEIPT I services are desired, and complate items erse side. Failure to do this will prevent this provide you the name of the person delivered gest vices are available. Consult postmaster sted. I services are desired, and complate items erse side. Failure to do this will prevent this provide you the name of the person delivered gest vices are available. Consult postmaster sted. I services 2. Restricted Delivery (Extra charge) 4. Article Number P 0.46. 6/2.0/9 Type of Service: Registered Insured P 0.5 ervice: Registered Registered Insured </td <td> S and 4. Put your address in t card from being return to and the date of del for fees and check b I Bhow to whole Article Addressee Frace D. Brace D. Brace D. Brace D. Brace To Bignature - Add Signature - Add Band - Add Band - Add Band - Band Put your address in the card from being return to and the date of dell for fees and check be Show to whor Article Addressee </td> <td>he "RETURN TO" Space on the rev ned to you. The return receipt fee will liver, For additional service(s) reque m delivered, date, and addressee's a (Extra charge) d to: Petroleum auw 2358 nd, 54 79702. ress nt DCT 91990 1988 + U.S.G.P.O. 1988-212 sta Items 1 and 2 when additional is"RETURN TO" Space on the reve ed to Fu. The return receipt fee will be return to "Space on the reve ed to for additional service(s) fee will be the to for additional service(s) for editional State items d eddressee's a (Extra charge)</td> <td>erse side. Failure to do this will prevent this provide you the name of the person deliverad georyloss are available. Consult postmaster sted. 4. Article Number</td> | S and 4. Put your address in t card from being return to and the date of del for fees and check b I Bhow to whole Article Addressee Frace D. Brace D. Brace D. Brace D. Brace To Bignature - Add Signature - Add Band - Add Band - Add Band - Band Put your address in the card from being return to and the date of dell for fees and check be Show to whor Article Addressee | he "RETURN TO" Space on the rev ned to you. The return receipt fee will liver, For additional service(s) reque m delivered, date, and addressee's a (Extra charge) d to: Petroleum auw 2358 nd, 54 79702. ress nt DCT 91990 1988 + U.S.G.P.O. 1988-212 sta Items 1 and 2 when additional is"RETURN TO" Space on the reve ed to Fu. The return receipt fee will be return to "Space on the reve ed to for additional service(s) fee will be the to for additional service(s) for editional State items d eddressee's a (Extra charge) | erse side. Failure to do this will prevent this provide you the name of the person deliverad georyloss are available. Consult postmaster sted. 4. Article Number |
| 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will 1 to and the date of delivery. For additional fees the followin for fees and check box(es) for additional service(e) request 1. Show to whom delivered, date, and addressee's a constraint of the date of delivery. For additional service(e) request 1. Show to whom delivered, date, and addressee's a constraint of the date of delivery. For additional service(e) request 1. Show to whom delivered, date, and addressee's and check box(es) for additional service(e) request 2. Article Addressed to: Maraithon autor W.O. Jourdew Boyl 552. Midland Dr. 19702 Signature - Address X Signature - Addresse X | rae side. Failure to do this will prevent this provide you the name of the person delivered gestruces are evailable. Consult postmaster sted. diress. 2. Restricted Delivery (Extra charge) 4. Article Number 0.46.6(12.025 Type of Service: Insured Corrified Insured Corrified GCOD Proges Mail Feturn Receipt for Merchanelise Aiways obtain signature of addressee or sgent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if requested and fee paid) 865 DOMESTIC RETURN RECEIPT address. 2. Restricted Delivery (Extra charge) 4. Article Number Provide you the name of the person delivered mostrices are available. Consult postmaster sted. 865 DOMESTIC RETURN RECEIPT If services are desired, and complete items erse side. Feilure to do this will prevent this provide you the name of the person delivered mostrices are available. Consult postmaster sted. 865 DOMESTIC RETURN RECEIPT If services are desired, and complete items erse side. Feilure to do this will prevent this provide you the name of the person delivered (Extra charge) 4. Article Number 0.46.612.019 Type of Service: Insured Cortified Icon | S and 4. Put your address in t card from being return to and the date of del for fees and check b I Bhow to whole Article Addressee Frace D. Brace D. Brace D. Brace D. Brace To Bignature - Add Signature - Add Band - Add Band - Add Band - Band Put your address in the card from being return to and the date of dell for fees and check be Show to whor Article Addressee | he "RETURN TO" Space on the rev ned to you. The return receipt fee will liver, For additional service(s) reque m delivered, date, and addressee's a (Extra charge) d to: Petholeum auw 2358 rd., 5x 79702. ress nt DCT 91990 1988 + U.S.G.P.O. 1988-212 eta items 1 and 2 when additional is "RETURN TO" Space on the reve add to you. The return receipt fee will very. For additional seas the followin yery. For additional seas the followin very. For additional seas the followin very. For additional seas the followin very. For additional seas the followin tress and addressee's a (Extra charge) 1 to: aw Cramer DOL 2000 2000 2000 2000 2000 2000 2000 20 | erse side. Failure to do this will prevent this provide you the name of the person deliverad gervices are available. Consult postmaster sted. 4. Article Number POHO GI2 027 Type of Service: Registered Insured Certified COD Express Mail Diffurm Receipt for Merchandise Always obtain signeture of addressee or egent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if reguested and fee paid) 22-865 TOMESTIC RETURN RECEIPT services are desired, and complete items frae side. Failure to do this will prevent this forwide you the name of the person delivery (Extra charge) 4. Article Number POHO Consumer of the person delivery (Extra charge) 4. Article Number POHO Consult person POHO Consult person Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> . |
| 3 and 4. Put your address in the "RETURN TO" Space on the reve card from being returned to you. The return receipt fee will 1 to and the date of delivery. For additional service(e) request 1. Is how to whom delivered, date, and addresses a set (Exra charge) 3. Article Addressed to: Marathen attra W. O. Inydew Boyl 552. Midland Sr. 19702 5. Signature - Address 8. 6. Signature - Address 7. Date of Delivery OCT 9 1990 PS Form 3811, Mar. 1988 * U.S.Q.P.O. 1988-212 SENDER: Complete items 1 and 2 when addresses and card for being returned to you. The return receipt fee will to and the date of addresses 8. 8. Signature - Agent Marathen Boyle for a set of the set of the set of the set of the set of a set of Delivery 9 1990 PS Form 3811, Mar. 1988 * U.S.Q.P.O. 1988-212 8. SenDER: Complete items 1 and 2 when additions to and the date of delivery, for additional service(s) require to and the date of delivery. For additional services and addresses and card from being returned to you. The return receipt fee will to and the date of delivery. For additional services and addresses and card from being returned to you. The return receipt fee will to address and the returned to you. The return receipt fee will to address and the set of additional services and addresses and card from being returned to you. The return receipt fee will to addressed to: Convers atta: Boyle Kiken IO Alusta Arrive Midland, Jr 79705 | rse side. Failure to do this will prevent this <u>provide you the name of the person delivered</u> gervices ere evailable. Consult postmaster ted. diress. 2. □ Restricted Delivery (Etra charge) 4. Article Number P 046 6(2.025 Type of Service: □ Registered □ Insured □ Contified □ COD □ Exprige Mell □ for Merchandise Aiways obtain signsture of addresse or agent and <u>PATE DELIVERED</u> . 8. Addresse Address (ONLY if requested and fee paid) □ Services are desired, and complete items erse side. Failure to do this will prevent this <u>provide you the name of the person delivered</u> ng services are desired, and complete items erse side. Failure to do this will prevent this <u>provide you the name of the person delivered</u> ng services are evailable. Consult postmaster sted. Article Number P 046 6/2 0/9 Type of Service: □ Registered □ Insured □ Contified □ COD □ Express Mail □ CD Cod □ Code □ Code | S and 4. Put your address in t card from being return to and the dets of del is of del | he "RETURN TO" Space on the revened to you. The return receipt fee will liver, For additional service(a) requent mainteend, date, and addressee's a (Extra charge) d to: Petroleum auw 2358 ad, 54 79702. ress nt DCT 91990 1988 * U.S.Q.P.O. 1988-212 ate Items 1 and 2 when additional is "RETURN TO" Space on the reve additional service(a) foquent to the return receipt fee will way. For additional service(a) foquent no divered, date, and addressee's a (Extra charge) 1027 91990 1988 * U.S.Q.P.O. 1988-212 ate Items 1 and 2 when additional is "RETURN TO" Space on the reve add to you. The return receipt fee will to compare the following to compare the following addressee's a d, for additional service(a) foquent to compare the following d, for additional service(a) foquent addressee's a d, for additional service(a) foquent addressee's a for additional service(a) foquent addressee's a for additional service(a) foquent addressee's a addressee's | erse side. Failure to do this will prevent this provide you the name of the person delivered gervices are available. Consult postmaster sted. 4. Article Number POHO 6/2 027 Type of Service: Article Number POHO 6/2 027 Type of Service: Article Number POHO 6/2 027 Type of Service: Article Number Poto 6 0/2 027 Type of Service: Always obtain signsture of addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if reguested and fee paid) Services are desired, and complete items rese side. Failure to do this will prevent this frovide you the name of this person delivered g services are available. Consult postmaster sted. ddress. 2. Restricted Delivery (Etra charge) 4. Article Number . POHO 6/2 02.4 Type of Service: Registered Insured Fervine Addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Addressee or agent and <u>DATE DELIVERED</u> . 4. Article Number . POHO 6/2 02.4 Type of Service: Registered Insured Fervine Addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if |
| 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will 1 to and the date of delivery. For additional service(el requer). 1. I show to whom delivered, date, and addressee's a lexa charge? 3. Article Addressed to: Marathan attack of a lexa charge? 3. Article Addressed to: Marathan attack of a lexa charge? 5. Signature - Address X. And the service of the service of | rae side. Failure to do this will prevent this provide you the name of the person delivered gestruces are evailable. Consult postmaster sted. diress. 2. Restricted Delivery (Extra charge) 4. Article Number 0.46.6(12.025 Type of Service: Insured Corrified Insured Corrified GCOD Proges Mail Feturn Receipt for Merchanelise Aiways obtain signature of addressee or sgent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if requested and fee paid) 865 DOMESTIC RETURN RECEIPT address. 2. Restricted Delivery (Extra charge) 4. Article Number Provide you the name of the person delivered mostrices are available. Consult postmaster sted. 865 DOMESTIC RETURN RECEIPT If services are desired, and complete items erse side. Feilure to do this will prevent this provide you the name of the person delivered mostrices are available. Consult postmaster sted. 865 DOMESTIC RETURN RECEIPT If services are desired, and complete items erse side. Feilure to do this will prevent this provide you the name of the person delivered (Extra charge) 4. Article Number 0.46.612.019 Type of Service: Insured Cortified Icon | S and 4. Put your address in t card from being return to and the date of del of the second seco | he "RETURN TO" Space on the rev ned to you. <u>The return receipt fee will</u> liver, For additional service(s) reque m delivered, date, and addressee's e (Eara charge) d to: Petroleum auw 2358 d, Ju 79702. ress nt DCT 91990 1988 * U.S.G.P.O. 1988-212 ste items 1 and 2 when additional is"RETURN TO" Space on the reve dot to: INFRETURN TO" Space on the reve dot on the return receipt fee will ite"RETURN TO" Space on the reve dot optimized financies is and (Eara charge) to: an im Cramer ind, Jr 79705 to: an im Cramer ind, Jr 79705 to: | erse side. Failure to do this will prevent this provide you the name of the person deliverad gervices are available. Consult postmaster sted. 4. Article Number POHO GI2 027 Type of Service: Registered Insured Certified COD Express Mail Diffurm Receipt for Merchandise Always obtain signeture of addressee or egent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if reguested and fee paid) 22-865 TOMESTIC RETURN RECEIPT services are desired, and complete items frae side. Failure to do this will prevent this forwide you the name of the person delivery (Extra charge) 4. Article Number POHO Consumer of the person delivery (Extra charge) 4. Article Number POHO Consult person POHO Consult person Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> . |
| 3 and 4. Put your address in the "RETURN TO" Space on the reverence of from being returned to you. The return receipt fee will 1 to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(e) request 1. I show to whom delivered, date, end addressee's end check box(es) for additional service(e) request 1. I show to whom delivered, date, end addressee's end check box(es) for additional service(e) request 2. 3. Article Addressed to: Maraithon attrive W. O. Inydew Boy 552. Midland Dr. 1990 PS Form 3811, Mar. 1988 * U.S.Q.P.O. 1988-212 SENDER: Complete items 1 and 2 when additional fees ind check box(es) for fees and delivered, date, end addressee's of the delivered, date, end addressee's a service of belivery OCT 9 1930 PS Form 3811, Mar. 1988 * U.S.Q.P.O. 1988-212 SENDER: Complete items 1 and 2 when additions for fees and check box(es) for most of box(es) for additional fees thad chorese in a dd addressed to: Convcv attn: Bob Kikev 10 Alusta Arrive indianal Jr. 1989 79705 B. Signature - Addresse to: Convcv Article Addressed to: Convcv Article Addresse to: Signature Addresse its in a service is required to you. The service is required and the date of delivered date, and addressee's in the intervence is required to you. The service is required to the service is required attributed addressee's in the intervence is a distributed addressee's in the intervence is required attributed addressee's in the intervence is a service is required attributed addressee's in the intervence is required attributed addressee's in the intervence is required attributed addressee's in the intervence is required addressee's in the intervence is required attributed addressee's in the intervence is required attributed addressee's in the intervence is required attributed addressee's in the intervence is required addressee's in the intervence is required addr | rae side. Failure to do this will prevent this provide you the name of the person delivered gestruces are evailable. Consult postmaster sted. diress. 2. Restricted Delivery (Extra charge) 4. Article Number 0.46.6(12.025 Type of Service: Insured Corrified Insured Corrified GCOD Proges Mail Feturn Receipt for Merchanelise Aiways obtain signature of addressee or sgent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if requested and fee paid) 865 DOMESTIC RETURN RECEIPT address. 2. Restricted Delivery (Extra charge) 4. Article Number Provide you the name of the person delivered mostrices are available. Consult postmaster sted. 865 DOMESTIC RETURN RECEIPT If services are desired, and complete items erse side. Feilure to do this will prevent this provide you the name of the person delivered mostrices are available. Consult postmaster sted. 865 DOMESTIC RETURN RECEIPT If services are desired, and complete items erse side. Feilure to do this will prevent this provide you the name of the person delivered (Extra charge) 4. Article Number 0.46.612.019 Type of Service: Insured Cortified Icon | S and 4. Put your address in t card from being return to and the date of date of the second sec | he "RETURN TO" Space on the rev ned to you. <u>The return receipt fee will</u> liver, For additional service(s) reque m delivered, date, and addressee's e (Eara charge) d to: Petroleum auw 2358 d, Ju 79702. ress nt DCT 91990 1988 * U.S.G.P.O. 1988-212 ste items 1 and 2 when additional is"RETURN TO" Space on the reve dot to: INFRETURN TO" Space on the reve dot on the return receipt fee will ite"RETURN TO" Space on the reve dot optimized financies is and (Eara charge) to: an im Cramer ind, Jr 79705 to: an im Cramer ind, Jr 79705 to: | erse side. Failure to do this will prevent this provide you the name of the person delivered gervices are available. Consult postmaster sted. 4. Article Number POHO 6/2 027 Type of Service: Article Number POHO 6/2 027 Type of Service: Article Number POHO 6/2 027 Type of Service: Article Number Poto 6 0/2 027 Type of Service: Always obtain signsture of addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if reguested and fee paid) Services are desired, and complete items rese side. Failure to do this will prevent this frovide you the name of this person delivered g services are available. Consult postmaster sted. ddress. 2. Restricted Delivery (Etra charge) 4. Article Number . POHO 6/2 02.4 Type of Service: Registered Insured Fervine Addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Addressee or agent and <u>DATE DELIVERED</u> . 4. Article Number . POHO 6/2 02.4 Type of Service: Registered Insured Fervine Addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if |
| 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will 1 to and the date of delivery. For additional service(el requer). 1. I Show to whom delivered, date, and addressee's a lexa charge? 3. Article Addressed to: Marathan attack of a lexa charge? 3. Article Addressed to: Marathan attack of a lexa charge? 5. Signature - Address 8. Signature - Address 9. OCT 9 1930 PS Form 3811, Mar. 1988 ★ U.S.Q.P.O. 1988-212 9. SENDER: Complete items 1 and 2 when additional rescanse is and the addressed to: 1. Dete of Delivery for additional rescanse items 1 and 2 when additional rescanse is and the addressed to: 9. SENDER: Complete items 1 and 2 when additions for fees and charge of additional rescanse is a discussion being returned to you. The return receipt fee will to grad the addressed to: Convert addressed to: Convert addressed to: Convert addressed to: Convert addressed to: Signature - Address 5. Signature - Address 5. Signature - Addresse to: Convert addressed to: Signature - Address | rae side. Failure to do this will prevent this provide you the name of the person delivered gestruces are evailable. Consult postmaster sted. diress. 2. Restricted Delivery (Extra charge) 4. Article Number 0.46.6(12.025 Type of Service: Insured Corrified Insured Corrified GCOD Proges Mail Feturn Receipt for Merchanelise Aiways obtain signature of addressee or sgent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if requested and fee paid) 865 DOMESTIC RETURN RECEIPT address. 2. Restricted Delivery (Extra charge) 4. Article Number Provide you the name of the person delivered mostrices are available. Consult postmaster sted. 865 DOMESTIC RETURN RECEIPT If services are desired, and complete items erse side. Feilure to do this will prevent this provide you the name of the person delivered mostrices are available. Consult postmaster sted. 865 DOMESTIC RETURN RECEIPT If services are desired, and complete items erse side. Feilure to do this will prevent this provide you the name of the person delivered (Extra charge) 4. Article Number 0.46.612.019 Type of Service: Insured Cortified Icon | S and 4. Put your address in t card from being return to and the date of date of the second sec | he "RETURN TO" Space on the rev ned to you. <u>The return receipt fee will</u> liver, For additional service(s) reque m delivered, date, and addressee's e (Eara charge) d to: Petroleum auw 2358 d, Ju 79702. ress nt DCT 91990 1988 * U.S.G.P.O. 1988-212 ste items 1 and 2 when additional is"RETURN TO" Space on the reve dot to: INFRETURN TO" Space on the reve dot on the return receipt fee will ite"RETURN TO" Space on the reve dot optimized financies is and (Eara charge) to: an im Cramer ind, Jr 79705 to: an im Cramer ind, Jr 79705 to: | erse side. Failure to do this will prevent this provide you the name of the person delivered gervices are available. Consult postmaster sted. 4. Article Number POHO 6/2 027 Type of Service: Article Number POHO 6/2 027 Type of Service: Article Number POHO 6/2 027 Type of Service: Article Number Poto 6 0/2 027 Type of Service: Always obtain signsture of addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if reguested and fee paid) Services are desired, and complete items rese side. Failure to do this will prevent this frovide you the name of this person delivered g services are available. Consult postmaster sted. ddress. 2. Restricted Delivery (Etra charge) 4. Article Number . POHO 6/2 02.4 Type of Service: Registered Insured Fervine Addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Addressee or agent and <u>DATE DELIVERED</u> . 4. Article Number . POHO 6/2 02.4 Type of Service: Registered Insured Fervine Addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if |
| 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will 1 to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(e) request 1. Show to whom delivered, date, and addresses a service(e) request 1. Article Addressed to: <i>Manaithan</i> <i>attack w</i>. 0. <i>Anydw</i> <i>Boy 552</i>. <i>Midland Sr 79702</i>. Signature - Address X. | rae side. Failure to do this will prevent this provide you the name of the person delivered gervices are evailable. Consult postmaster ited. 4. Article Number 9 046 612 025 Type of Service: Registered Aiways obtain signsture of addressee or agent and fee paid) 1. Article Number 1. Bervices are desired, and complete items erse side. Failure to do this will prevent this provide you the name of the person delivered gervices are desired, and complete items erse side. Consult postmaster 1. Bervices are desired, and complete items erse side. Failure to do this will prevent this provide you the name of the person delivered gervices are desired. 1. Bervices are desired, and complete items erse side. Failure to do this will prevent this provide you the name of the person delivered gervices are available. Consult postmaster 1. Bervices are desired, and complete items erse side. Failure to do this will prevent this provide you the name of the person delivered gervices are available. 2. Restricted Delivery (Extra charge) 4. Article Number 9 0 46 612 0/9 1 Type of Service: 9 Article Number Aiways obtain signsture of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) | S and 4. Put your address in t card from being return to and the date of date of the second sec | he "RETURN TO" Space on the rev ned to you. <u>The return receipt fee will</u> liver, For additional service(s) reque m delivered, date, and addressee's e (Eara charge) d to: Petroleum auw 2358 d, Ju 79702. ress nt DCT 91990 1988 * U.S.G.P.O. 1988-212 ste items 1 and 2 when additional is"RETURN TO" Space on the reve dot to: INFRETURN TO" Space on the reve dot on the return receipt fee will ite"RETURN TO" Space on the reve dot optimized financies is and (Eara charge) to: an im Cramer ind, Jr 79705 to: an im Cramer ind, Jr 79705 to: | erse side. Failure to do this will prevent this provide you the name of the person delivered gervices are available. Consult postmaster sted. 4. Article Number POHO 6/2 027 Type of Service: Article Number POHO 6/2 027 Type of Service: Article Number POHO 6/2 027 Type of Service: Article Number Poto 6 0/2 027 Type of Service: Always obtain signsture of addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if reguested and fee paid) Services are desired, and complete items rese side. Failure to do this will prevent this frovide you the name of this person delivered g services are available. Consult postmaster sted. ddress. 2. Restricted Delivery (Etra charge) 4. Article Number . POHO 6/2 02.4 Type of Service: Registered Insured Fervine Addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Addressee or agent and <u>DATE DELIVERED</u> . 4. Article Number . POHO 6/2 02.4 Type of Service: Registered Insured Fervine Addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if |

| ₽° ₩ # | SENDER: Complete Items 1 and 2 when additions 3 and 4. Put your address in the "RETURN TO". Space on the rev card from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the followin for fees and check box(se) for additional service(s) reque 1. Show to whom delivered, date, and addressee's a (Extra charge). | eres side. Fallure to do this will provent this |
|-----------|--|--|
| | 3. Article Addressed to: C. E. Long. 301 n. Colorado Midland, Jx 79701 | 4. Article Number P 046 612 029 Type of Service: Registered Insured Certifiel: CoD Express Mail Parture Receipt Always obtain signature of addressee or sgent and DATE DELIVERED. |
| | 5. Signature - Address X 6. Signature - Agent X (AMUL Biggo Att. //oD 7. Date of Deliver) 7. Date of Deliver) P8 Form 3811, Mar. 1988 * U.S.Q.P.O. 1988-213 | 8. Addressee's Address (ONLY if requested and fee paid) |

| SENDER: Complete Items 1 and 2 when additional- 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The <u>return receipt fee will point</u> to and the date of delivery. For additional service is requese for jess and check boxics) for additional service is requese 1. Show to whom delivered, date, and addresses a ad (Etra charge) | se side. Failure to do this will prevent this rovide you the name of the person delivered services are available. Consult postmaster red. |
|--|---|
| 3. Article Addressed to: Cherron attn: al Bohling P.O. Box 1150 Midland Ir 79702 | 4. Article Number P 0 46 6/2 0/9 Type of Service: Registered insured Certified COD Certified Fortum Receipt for Merchandise Always Abtein signature of addressee or sgent and DATE DELIVERED. |
| 5. Signature - Address X 8. Signature - Agent X 7. Date of Delivery OCT 9 1990 | B. Addressee's Address (ONLY if requested and fee paid) |

| SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will be to and the date of delivery, for additional fees the following for fees and check box(ses) for additional services if request 1. Show to whom delivered, date, and addresses a ad (Extra charge) | se side. Failure to do this will prevent this rovide you the name of the person delivered services are available. Consult postmaster ted. drass. 2. Apstricted Dalivery (Erra charge) |
|---|--|
| 3. Article Addressed to: Seface Russel Pool P.O. Box 730 Hobbs, New Merice 88240 | 4. Article Number P 046 6/2 021 Type of Service: Registered Insured Certified COD Express Meil Artim Receipt tor Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signsture - Address X | 8. Addressee's Address (ONLY if requested and fee paid) |

PS Form 3811, Mar. 1988 * U.S.Q.P.O. 1988-212-885 DOMESTIC RETURN RECEIPT

| and the second | |
|---|--|
| SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the reve card from being returned to you. The return receipt fae will p to and the date of delivery. For additional faes the following for fees and check box(ss) for additional servicets) reques 1. □ Show to whom delivered, date, and addressee's ad (<i>Dara charge</i>) 3. Article Addressed to: | rse side. Failure to do this will prevent this rovide you the name of the person delivered services are available. Consult postmerter |
| Dallas Me Castana 40 Oil Reports & Das Services One P.O. Box 763 Hobbs, Mew Mexico 98240 | P 0.446 619.0246 Type of Service: Insured Registered Icon Certified COD Express Mail Return Recipt for Merchandise Alweys obtain signature of addresses |
| 5 pignature - Address X | or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if requested and fee paid) |
| PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212- | 865 DOMESTIC RETURN RECEIPT |

| binit 5 Copies peropriate District Office STRICT 1 | , 1 | Energy, M | linerals | and Natu | w Mexico ral Resourc | es Departme | MV:A∏ON ≂osived | DIVISION | Form C-104 Revised 1-1-89 See Instructions |
|---|--|---|---|--|---|---|--------------------|--|--|
| O. Box 1980, Hobbs, NM \$8240 | 4 | OILC | ONSI | ERVA P.O. Bo | TION E x 2088 | | 22 AM | 9 32 | at Bottom of Page |
| O. Drawer DD, Artesia, NM \$\$210 | | Sar | nta Fe, i | New Me | xico 8750 | 4.20% DEC | | - | |
| XXX Rio Brazos Rd., Arisc, NM \$7410 | | JEST FO | | .OWAB | | AUTHORIZ FURAL GA | ATION | | |
| perator | | 10 1114 | | | ///// | 0.012 0.1 | Well A | PINa | · · · · · · · · · · · · · · · · · · · |
| Hal J. Rasmussen Op | | | | | | | 30 | 0-025 | - 09312 |
| Six Desta Drive, Su Lesson(s) for Filing (Check proper box) | <u>ite 58</u> . | | | | | u (Please explai | a) | | |
| lew Well | Oil | Change in | Transport Dry Gas | | | | | | |
| hange in Operator | | 14 G24 💆 | Condens | | | | | | |
| change of operator give name ad address of previous operator | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| I. DESCRIPTION OF WELL | AND LE | ASE | | | | | | | |
| State A Ac 1 | | Well No. 62 | Pool Na Lan | m e, lo cludia glie | g Formation Mattix | SR Qu G | B Sund | of Lease Federal or Fee | Lesse No. |
| Unit LetterB | - : | 660 | Feel Fro | m The <u>No</u> | rth Lim | and19 | 80 Fe | et From The | EastLine |
| Section]] Townshi | p | <u>23 S</u> | Range | 36 | E, N | мрм, | Lea | | County |
| II. DESIGNATION OF TRAN | SPORTI | ER OF O | IL ANI | NATUI | RAL GAS | | | | |
| lame of Authorized Transporter of Oil | | or Conder | , 111 0 | | Address (Giv | e address to whi | ich approved | copy of this for | m is to be sent) |
| Vame of Authorized Transporter of Casing XCel Gas Co. | ghead Gas | × | or Dry (| Jas [] | | | | | m is to be sent) iland, Tx 7970 |
| If well produces oil or liquids, ive location of tanks. | Unit | Soc. | Twp | Rge | Is gas actuall Ve S | • | When | 12/11 | 89 |
| V. COMPLETION DATA Designate Type of Completion | - (X) | Oil Well | | as Well | New Well | Workover | Deepea | Plug Back | Same Res'v Diff Res'v |
| Date Spudded | Date Con | npl. Ready u | o Prod. | | Total Depth | | | P.B.T.D. | ······· |
| Elevations (DF, RKB, RT, GR, etc.) | Name of I | Producing F | ormation | | Top Oil/Gas | Pay | | Tubing Depth | , |
| Perforations | <u></u> | | · . | | | | | Depth Casing | Shoe |
| | | | | | CEMENTI | NG RECORI | 5 | · | |
| HOLE SIZE | <u> </u> | ASING & T | UBING S | ZE | <u> </u> | DEPTH SET | | <u>s</u> / | ACKS CEMENT |
| | | | · | | | | | | |
| | ┼ | | | | | | | | |
| moont promit and the second | | | | | | | | | |
| OIL WELL (Test must be after 1 | | total volume | | il and must | | exceed top allo ethod (Flow, pu | | | r full 24 hours.) |
|)IL WELL (Test must be after 1 Date First New Oil Rua To Tank | recovery of i | iotal volume 'est | | il and must | | ethod (Flow, pu | | | r full 24 hours.) |
| DL WELL (Test must be after t Date First New Oil Rus To Tank Length of Test | Date of T | iotal volums 'est ressure | | il and must | Producing M | ethod (Flow, pur | | 1c.) | r full 24 kours.) |
| DIL WELL (Test must be after to Date First New Oil Rus To Tank Length of Test Actual Prod. During Test GAS WELL | Date of T Date of T Tubing Pi Oil - Dbla | iotal volume est respire | | il and musi | Producing Ma Casing Press Water - Bbls | ethod (Flow, pur | | ic.) Choke Size Jze- MCF | |
| DIL WELL (Test must be after t Date First New Oil Rus To Tank Length of Test Actual Prod. During Test GAS WELL | Date of T Tubing P | iotal volume est respire | | il and must | Producing Ma Casing Press | ethod (Flow, pur | | (Choke Size | |
| DIL WELL (Test must be after t Date First New Oil Rua To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D | Date of T Date of T Tubing Pr Oil - Bbla Length of | iotal volume est respire | of load o | ש מאל אישון שייט אישון איש אישון אישון אישו | Producing Ma Casing Press Water - Bbls | ethod (<i>Flow, pur</i> ure ure urate/MMCF | | ic.) Choke Size Jze- MCF | |
| DIL WELL (Test must be after i Date First New Oil Rua To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Fosting Method (pilox, back pr.) | Length of July of July of July of July of July of Tubing Provide the State of Tubing Provide the State of July | ied volume ied resaire c. (Test resaire (Shu F. COMI is O'i Coose onnation gi | of load o a-in) PLIAN gration | | Producing M Casing Press Water - Bbls Dbls. Conden Casing Press | ethod (Flow, pur ire issue/MMCF ure (Shu-ie) DIL CON | ny, gas lift, e | Choke Size Garvily of Co Choke Size | |
| DIL WELL (Test must be ofter i Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pilot, back pr.) VI. OPERATOR CERTIFIC I harrby certify that the rules and regu Division have been complied with and is true and complete to the best of my | Length of July of July of July of July of July of Tubing Provide the State of Tubing Provide the State of July | ied volume ied resaire c. (Test resaire (Shu F. COMI is O'i Coose onnation gi | of load o a-in) PLIAN gration | | Producing M Casing Press Water - Bbla Dbla Coodeo Casing Press | ethod (Flow, pur ure isste/MMCF ure (Shui-ip) | ny, gas lift, e | Choke Size Garvily of Co Choke Size | soden si a |
| Oll WELL (Test must be after i Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pilot, back pr.) VI. OPERATOR CERTIFIC I hareby carlify that the rules and regu Division have been complied with and is true and complete to the best of my Signature | Length of July of July of July of July of July of Tubing Provide the State of Tubing Provide the State of July | ista reseure r ? Test ? COMI is O'i Coase fonnation gi is d belief. | of load o a-in) PLIAN reasove ent | | Producing M Casing Press Water - Bbla Dbla Coodes Casing Press (Date By 7 | ethod (Flow, pur ire irste/MMCF ure (Shut-to) DIL CON | ny, gar lift, e | Le.) Choke Size Jae-MCF Gravity of Co Choke Size ATION E DEC 1 | soden si a |
| Date First New Oil Rus To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pilot, back pr.) VI. OPERATOR CERTIFIC I hareby cartify that the rules and regu Division have been complied with and is true and complete to the best of my Signature | Length of July of July of July of July of July of Tubing Provide the State of Tubing Provide the State of July | total volume est restaire (Test restaire (Shu F: COMI s: Oil Consec onnation phy sind belief. 915-68 | of load o a-in) PLIAN realion realion realion realion realion PLIAN realion Titus | CE | Producing M Casing Press Water - Bbla Dbla Coodeo Casing Press | ethod (Flow, pur ire irste/MMCF ure (Shut-to) DIL CON | ny, gar lift, e | Choke Size Garvily of Co Choke Size | soden si a |

Kequest for allowable for heavy values of deepends and many or advangement by the deepend of the section of the form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

STATE OF NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT OIL CONSERVATION DIVISION

IN THE MATTER OF THE HEARING CALLED BY THE OIL CONSERVATION DIVISION FOR THE PURPOSE OF CONSIDERING:

CASE NO. 9775 - ORDER NO. R-9073

APPLICATION OF HAL J. RASMUSSEN OPERATING INC. FOR NON-STANDARD GAS PRORATION UNITS, UNORTHODOX GAS WELL LOCATIONS, SIMULTANEOUS DEDICATION AND SPECIAL GAS METERING PROVISIONS, LEA COUNTY, NEW MEXICO

ORDER OF THE DIVISION

BY THE DIVISION:

This cause came on for hearing at 8:15 a.m. on October 4, 1989, at Santa Fe, New Mexico, before Examiner Michael E. Stogner.

NOW, on this <u>14th</u> day of December, 1989, the Division Director, having considered the testimony, the record and the recommendations of the Examiner, and being fully advised in the premises,

FINDS THAT:

3

(1) Due public notice having been given as required by law, the Division has jurisdiction of this cause and the subject matter thereof.

(2) At the time of the hearing this case was consolidated with Division Case Nos. 9774 and 9776 for the purpose of testimony.

(3) The applicant in this matter, Hal J. Rasmussen Operating Inc., is the operator of its State "A" Lease Accounts 1 and 2 (State of New Mexico Oil and Gas Lease No. A-983) and State "A" Lease Account 3 (State of New Mexico Oil and Gas Lease No. B-1484) covering mineral rights under certain lands in Townships 22 and 23 South, Range 36 East, NMPM, Lea County, New Mexico.

(4) The interests under both of said state leases are individually common throughout.

(5) The Jalmat Gas Pool covers the acreage which is the subject of this

application and is governed by Special Rules and Regulations, as promulgated by Division Order No. R-8170, as amended, which provide for 640-acre spacing and designated well locations.

(6) Applicant now seeks to redesignate the existing gas spacing and proration units in the Jalmat Gas Pool on their acreage by the formation of 16 non-standard gas proration units and one standard 640-acre gas proration unit in the Jalmat Gas Pool as further described in Exhibit "A" attached hereto and made a part hereof.

(7) The applicant also seeks approval of all unorthodox gas well locations for the existing wells resulting in said acreage redesignation and the simultaneous dedication of the Jalmat gas wells on each of the aforementioned units, also described in said Exhibit "A."

(8) The applicant further seeks special metering provisions for Jalmat gas production whereby the operator would meter the total gas production from each of the 17 aforementioned units and allocate this production back to each well on its respective unit by means of a periodic testing of the wells thereon.

(9) The applicant has recently assumed gas purchaser/transporter responsibility for the acreage which is the subject of this order and by this application seeks to reduce production and transportation costs in the area and to more efficiently operate its properties by consolidating production facilities and eliminating unnecessary equipment.

(10) Each of the aforementioned units may reasonably be presumed productive of gas from the Jalmat Gas Pool and each of the non-standard gas proration units can be efficiently and economically drained and developed by the aforementioned wells.

(11) The applicant further testified that approval of the subject application will lower costs and permit the production of gas reserves within the Jalmat Gas Pool underlying this area which would otherwise not be recovered thereby preventing waste.

(12) Doyle Hartman, an operator in the Jalmat Gas Pool, appeared and objected to this application; however, there were no offsetting operators objecting to this application.

(13) The operator of each of the aforementioned Jalmat gas spacing and proration units should allocate the production to each well on its respective proration unit on the basis of well tests. The applicant proposed that this testing procedure will provide that one of the wells on the proration unit will be flowing through the testing meter for a 48-hour period with each well being tested in turn throughout the month. The remaining wells on the proration unit will be flowing through a field production meter. The daily amount of gas credited to the wells on the unit would be the total production

through the test meter and through the field meter. The production from individual proration units will be allocated back to each of the wells on that unit based upon the data derived from the periodic testing through the test meter.

(14) The applicant should file with the Division OCD Form C-111 and comply with General Rule 1111 in addition to any other report or form required to be filed as operator of the proration unit and as transporter for the wells involved herein.

(15) The Division should be empowered to administratively rescind any portion of this order or require that a particular well or wells be metered individually if it should appear that such action would prevent waste and protect correlative rights.

(16) The area of the Hal J. Rasmussen Operating, Inc. State "A" Account 1, 2 and 3 Leases has been the subject of numerous orders establishing and re-aligning nonstandard and standard Jalmat Gas Pool gas proration and spacing units as well as simultaneously dedicating a variety of wells at orthodox and unorthodox locations thereto. On Exhibit "B", attached hereto and made a part hereof, is a listing of all Division Orders known to have been issued relative to the property which is the subject of this hearing. These orders should be superceded to the extent that they are inconsistent with any provision of this order.

(17) Should it be found that any additional orders exist that are contradictory to any such order issued in this case, then such order should be superceded in a like manner as described above.

(18) Approval of the subject application will afford the applicant the opportunity to produce its just and equitable share of the gas in the subject pool, will prevent the economic loss caused by the drilling of unnecessary wells, avoid the augmentation of risk arising from the drilling of an excessive number of wells and should otherwise prevent waste and protect correlative rights.

IT IS THEREFORE ORDERED THAT:

(1) The application of Hal J. Rasmussen Operating, Inc. to redesignate acreage in certain existing gas spacing and proration units in the Jalmat Gas Pool in Townships 22 and 23 South, Range 36 East, NMPM, Lea County, New Mexico, resulting in the formation of a standard 640-acre gas spacing and proration unit and 16 non-standard gas units, as further described in Exhibit "A", attached hereto and made a part hereof, is hereby approved.

IT IS FURTHER ORDERED THAT:

(2) The unorthodox gas well locations for all of the existing wells resulting in said acreage redesignation and the simultaneous dedication of the Jalmat gas wells on each of the aforementioned units, also described in said Exhibit "A", is also approved.

FURTHERMORE, IT IS ORDERED THAT:

(3) Special metering provisions for Jalmat gas production within each of the aforementioned units, as described in Finding Paragraph No. (13) above, is hereby approved.

(4) The applicant shall file with the Division OCD Form C-111 and comply with General Rule 1111 in addition to any other reports or forms required to be filed as operator of each proration unit and as transporter for the wells involved herein.

(5) The Division may administratively rescind any portion of this order or require a particular well or wells be metered individually if it should appear necessary to prevent waste and protect correlative rights.

(6) All known and subsequent Division Orders issued relative to any property which is the subject of this hearing (see Exhibit "B" attached hereto and made a part hereof) shall be superceded to the extent that they are inconsistent with any provision of this order.

(7) Jurisdiction of this cause is retained for the entry of such further orders as the Division may deem necessary.

DONE at Santa Fe, New Mexico, on the day and year hereinabove designated.

STATE OF NEW MEXICO OIL CONSERVATION DIVISION WILLIAM J. LEM Director

SEAL

EXHIBIT "A" CASE NO. 9775 ORDER NO. R-9073 HAL J. RASMUSSEN OPERATING, INC.

PROPOSED NON-STANDARD JALMAT GAS PRORATION UNITS AND JALMAT GAS WELL LOCATIONS

TOWNSHIP 22 SOUTH, RANGE 36 EAST, NMPM

| 1) | Section 5: Lots State "A" A/C-2. | 3 and 4, S/2 NW/4, and S/2 | comprising 480.50 | acres, more or less, in |
|----|-------------------------------------|----------------------------|-------------------|-------------------------|
| | Well No. 44 | 1980' FN & WL | Unit F | NSL |
| | Well No. 41 | 660' FS & WL | Unit M | NSL |
| | Well No. 27 | 660' FS & EL | Unit P | NSL |

2) Section 7: Lots 3 and 4, N/2 NE/4, SE/4 NE/4, E/2 SW/4, N/2 SE/4, and SE/4 SE/4 comprising 393.06 acres, more or less, in State "A" A/C-2.

| Well No. 5 | 660' FN & EL | Unit A | NSL |
|-------------|----------------------|--------|------------|
| Well No. 12 | 1980' FSL & 660' FEL | Unit I | NSL |
| Well No. 8 | 660' FS & EL | Unit P | NSL |

Section 8: All (Standard 640-acre unit) in State "A" A/C-2.

3)

1

| Well No. 49 | 660' FNL & 1980' FWL | Unit C | NSL |
|-------------|----------------------|--------|-------------------|
| Well No. 43 | 1650' FNL & 990' FEL | Unit H | NSL |
| Well No. 56 | 1980' FS & EL | Unit J | Standard Location |

4) Section 9: N/2 and SW/4 comprising 480 acres in State "A" A/C-2.

| Well No. 40 | | 990' FN & EL | Unit A | Standard Location |
|-------------|-----|----------------------|--------|-------------------|
| Well No. 63 | | 990' FNL & 2310' FWL | Unit C | Standard Location |
| Well No. 38 | v - | 1980' FS & WL | Unit K | NSL |

TOWNSHIP 23 SOUTH, RANGE 36 EAST, NMPM

5) Section 3: S/2 comprising 320 acres in State "A" A/C-1.

| Well No. 30 | 1650' FSL & 990' FEL | Unit I | NSL |
|-------------|----------------------|--------|-----|
| Well No. 35 | 1650' FSL & 990' FWL | Unit L | NSL |

6) Section 4: Lots 1, 2, 3 and 4, and S/2 N/2 comprising 327.25 acres, more or less, in State "A" A/C-1.

| Well No. 23 | 660' FNL & 2310' FEL | Unit B | Standard Location |
|-------------|----------------------|--------|-------------------|
| Well No. 15 | 1980' FN & WL | Unit F | Standard Location |
| Well No. 87 | 1980' FN & EL | Unit G | Standard Location |

7)

8)

Section 4: SW/4 and Section 9: N/2 NW/4, SW/4 NW/4, and SW/4 comprising 440 acres in State "A" A/C-1.

(Section 4)

| Well No. 18 | 660' FS & WL | Unit M | NSL |
|--------------|----------------------|--------|-----|
| Well No. 111 | 467' FSL & 2173' FWL | Unit N | NSL |

(Section 9)

| Well No. 14 | 1980' FNL & 660' FWL | Unit E | NSL |
|--------------|-----------------------|--------|-----|
| Well No. 104 | 1650' FSL & 1980' FWL | Unit K | NSL |
| Well No. 10 | 1980' FSL & 660' FWL | Unit L | NSL |
| Well No. 9 | 660' FS & WL | Unit M | NSL |

Section 9: S/2 NE/4, N/2 SE/4, and SE/4 SE/4 and Section 10: W/2 comprising 480 acres in State "A" A/C-1.

(Section 10)

| Well No. 37 | 1650' FN & WL | Unit F | Standard Location |
|-------------|---------------|--------|-------------------|
| Well No. 38 | 990' FS & WL | Unit M | Standard Location |

9) Section 10: E/2 comprising 320 acres in State "A" A/C-3.

| Well No. 1 | 990' FN & EL | Unit A | Standard Location |
|------------|----------------------|--------|-------------------|
| Well No. 2 | 1650' FSL & 990' FEL | Unit I | Standard Location |

(10) Section 11: N/2 and SW/4 comprising 480 acres in State "A" A/C-1.

| Well No. 16 | 660' FN & EL | Unit A | NSL |
|-------------|----------------------|--------|-------------------|
| Well No. 29 | 990' FNL & 1650' FWL | Unit C | Standard Location |
| Well No. 34 | 1650' FS & WL | Unit K | Standard Location |

Case No. 9775 Order No. R-9073 Page No. 7

11) Section 13: N/2 and SW/4 and Section 14: NE/4 comprising 640 acres in State "A" A/C-1.

. •

(Section 13)

| Well No. 20 | 660' FNL & 1980' FWL | Unit C | NSL |
|-------------|----------------------|--------|-----|
| Well No. 21 | 1980' FNL & 660' FEL | Unit H | NSL |
| Well No. 22 | 660' FSL & 1980' FWL | Unit N | NSL |
| | | | |

(Section 14)

| Well No. 77 | 660' FNL & 1980' FEL | Unit B | NSL |
|-------------|----------------------|--------|-----|
| Well No. 13 | 1980' FNL & 660' FEL | Unit H | NSL |

Section 14: NW/4 and Section 15: N/2 comprising 480 acres in State "A" A/C-1.

(Section 14)

| Well No. 28 | 1650' FN & WL | Unit F | Standard Location |
|----------------------------|--------------------------------------|------------------|--|
| | (Section 15) | | |
| Well No. 33 Well No. 31 | 1650' FN & WL 1650' FN & 990' FEL | Unit F Unit H | Standard Location Standard Location |

13) Section 17: SE/4, Section 20: NE/4, and Section 21: N/2 NW/4 and SW/4 NW/4 comprising 440 acres in State "A" A/C-1.

| | (Section 17) | ~ | | | |
|--------------------------|--|------------------|------------|--|--|
| Well No. 39 | 1980' FS & EL Unit J | | | | |
| | (Section 20) | | | | |
| Well No. 5 | 1320' FNL & 660' FEL | Units A/H | NSL | | |
| (Currently P & A'd) | (Section 21) | | | | |
| Well No. 4 Well No. 3 | 330' FNL & 1660' FWL 1650' FNL & 330' FWL | Unit C Unit E | NSL NSL | | |

12)

Case No. 9775 Order No. R-9073 Page No. 8

14) Section 20: SE/4 and Section 21: NE/4 SW/4, S/2 SW/4, and SW/4 SE/4 comprising 320 acres in State "A" A/C-2.

• • • • •

41

¢,

(Section 21)

Well No. 8 660' FSL & 1980' FEL Unit O NSL

15) Section 22: NE/4 NW/4, S/2 NW/4, and SW/4 comprising 280 acres in State "A" A/C-1.

| Well No. 94 | 660' FNL & 1980' FWL | Unit C | NSL |
|-------------|----------------------|--------|-------------------|
| Well No. 19 | 1650' FNL & 330' FWL | Unit E | NSL |
| Well No. 97 | 1980' FN & WL | Unit F | Standard Location |
| Well No. 1 | 330' FSL & 2310' FWL | Unit N | NSL |

16) Section 23: N/2 comprising 320 acres in State "A" A/C-1.

| Well No. 27 | 1650' FN & WL | Unit F | Standard Location |
|--------------|----------------------|--------|-------------------|
| Well No. 26 | 1650' FN & EL | Unit G | Standard Location |
| Well No. 105 | 2080' FNL & 660' FEL | Unit H | NSL |

17) Section 24: W/2 and SE/4 comprising 480 acres in State "A" A/C-1.

| Well No. 53 | 1980' FNL & 660' FWL | Unit E | NSL |
|-------------|----------------------|--------|-------------------|
| Well No. 25 | 1650' FN & WL | Unit F | Standard Location |
| Well No. 32 | 1650' FS & EL | Unit J | Standard Location |
| Well No. 24 | 990' FSL & 1650' FWL | Unit N | Standard Location |

EXHIBIT "B" CASE NO. 9775 ORDER NO. R-9073 HAL J. RASMUSSEN OPERATING, INC.

; • .

DIVISION ORDERS ISSUED RELATIVE TO THE PROPERTY WHICH IS THE SUBJECT OF THIS HEARING.

| Division Orders issued prior to hearing | Division Administrative Orders |
|--|-----------------------------------|
| R-634 | NSP-406 |
| R-1364 | NSP-518 |
| R-2504 | NSP-614 |
| R-3188 | NSP-615 |
| R-3209 | NSP-1044 |
| R-3264 | NSP-1108 |
| R-3892 | NSL-1219 |
| R-3893 | |
| R-4116 | |
| R-4361, as amended | |
| R-4484 | |

Submit to Appropriate District Office State Lease - 4 copies Fee Lease - 3 copies

١,

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

2.4

State of New Mexico Energy, Minerals and Natural Resources Department



OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL LOCATION AND ACREAGE DEDICATION PLAT

| | THE DE | | iter boundaries of the section | | |
|--------------------------|---|---|--|---|-----|
| perator | | Lease | ······································ | Well No. | |
| Hal J. Rasmu | ssen Operating In | c. Sta | ate "A" a/c l | 67 | |
| it Letter Secti | on Township | Range | د در می می در در این این این در می در می این می این این در می میرد این این این این می می می می می می می | Cours | |
| H | 1) T-23- | S J | R-36-E NK | IPM Lea | |
| anal Footage Location of | Vell: | | A.4 | | |
| 1980 feat | ion the NORTH | line and | 660 feet | from the EAST line | |
| und level Elev. | Producing Formation | Pool | | Dedicated Acreage: | |
| 3408 | TANSILL - YA | TEC | Jalmat | 480 Acres | 1 |
| | reage dedicated to the subject we | Il by colored pencil or hachu | re marks on the plat below. | | |
| · • | one lease is dedicated to the well, | | | vorking interest and royalty). | |
| | one lease of different ownership i ree-pooling, etc.? | s dedicated to the well, have t | he interest of all owners been c | onsolidated by communitization, | |
| Yes | | newer is "yes" type of consoli | iation | | |
| | list the owners and tract descrip | | | de of | |
| this form if nece | cessary. | | | · · · · · · · · · · · · · · · · · · · | |
| No allowable wi | ll be assigned to the well until al undard unit, eliminating such inte | , interests have been consolida rest, has been approved by the | ated (by communitization, unitization, unitization, unitization, | ration, forced-pooling, or otherwise) | |
| | TEXA | | | | |
| | | | | OPERATOR CERTIFICATION | 1 |
| | | | 1079 | I hereby certify that the informa () contained herein in true and complete to | |
| 80 | 00 | | 1 24 660' | best of my knowledge and belief. | |
| 5 | 0 | | | 2 | |
| | | | #16 | € Signature | |
| 1650 | # # 29 | | | 0 | |
| | | | | Printed Name | |
| | | | | Position | |
| | l | | 180 | roudou | |
| | l | | | | |
| | l | | | I | |
| J. | | | | 0 Date | |
| 660' Vit \$99 | l | | 67-22- | | 1 |
| 11 | 1 | | 75 6601 | | |
| | JEC SEC | TION | | SURVEYOR CERTIFICATION | |
| | | 11 CHEVE | Ray | f toucher and to share the mult beaution a | |
| | l l | | | I hereby certify that the well location so on this plat was plotted from field not | |
| | | | 1 | actual surveys made by me or under | |
| | | | | supervison, and that the same is true | and |
| | | | | correct to the best of my knowledge | and |
| | | | 1 | belief. | |
| | | | | Date Surveyed | |
| | | | | | |
| | | | 1 | Signature & Seni of | |
| | l | | 1 | Professional Surveyor | 1 |
| | | | ſ | | 1 |
| | | | L . | | |
| | | | | | |
| | | | | | } |
| | | | | Cord Grate No | |
| | | | | Certificate No. | |
| | | | | | |

.

.

.

<u>State A A/C 1 #67</u>

,

OFFSET OPERATORS:

Texaco Producing Inc. Mr. James Head P.O. Box 728 Hobbs, New Mexico 88240

Chevron Mr. Al Bohling P.O. Box 670 Hobbs, New Mexico 88240

Conoco, Inc. Mr. Hugh Ingram P.O. Box 460 Hobbs, New Mexico 88240

Tahoe Energy Mr. K. A. Freeman 4402 W. Industrial Midland, Texas 79703 Submit to Appropriate District Office State Lease - 4 copies Fee Lease - 3 copies

DISTRICT I P.O. Box 1980, Hobbe, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

State of New Mexico Energy, Minerals and Natural Resources Department



OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

and I C, IVCW MICKICS 07504-2000

WELL LOCATION AND ACREAGE DEDICATION PLAT

| N | | AI US La Cas Tillist | | | | | Well No. |
|----------------------------|---|---------------------------|---------------------|-------------------|-----------------|---------------------|--|
| Operator | _ | · _ | Lease | 11 . 11 | | | |
| | issen Operatin | g Inc. | | e "A" a/ | <u>c 1</u> | | 67 |
| Unit Letter Socia | on Towns | цр | Range | | | County | |
| H] | П Т | -23-S | R- | 36-E | NM | PM :== | Lea |
| Actual Footage Location of | · _ · · · · · · · · · · · · · · · · · · | 111 Te | | | | | |
| | | RTH line and | a h | 60 | Cont Fr | rom the EAS | 51 line |
| Ground level Elev. | Producing Formati | | IPool | 00 | ica ii | | Dedicated Acreage: |
| 3408 | - | | | - | | • | - |
| | TANSILL- | TATES | <u> </u> | <u>lmat</u> | | | 480 Acres |
| I. Counte the to | reage dedicated to the su | ibject well by colored [| peace or nacoure r | marita ou me pi | lat below. | | |
| 2. If more than (| one lease is dedicated to t | the well, outline each a | and identify the ow | natin tam | C (both as to w | orking interest and | rovalty) |
| | | | | | | | |
| 3. If more than (| one lease of different own | nership is dedicated to | the well, have the | interest of all o | owners boen co | nsolidated by com | munitization, |
| | nce-pooling, etc.? | - | • | | | • | - |
| 🗌 Yes | □ № | If answer is "yes" | | | · | | |
| | " list the owners and trac | t descriptions which ha | ive actually been c | oasolidated. (| Use reverse aid | c of | |
| this form if pecc | xscary. | | | | | | |
| NO Ellowable W | ill be assigned to the well andard unit, eliminating s | i unui all'inferests have | Doct CORSOLICIES | i (by communi | uzzuon, unitiza | won, Iorced-pooli | ng, or otherwise) |
| | | | approved by the D | IVILIOIL | · | | · |
| · | <u>_</u> | EXACO | | | ۱ ۲ | OPERA" | FOR CERTIFICATION |
| | | | | l | | 1 | certify that the information |
| -0 | - | | | [| 077 | | in in true and complete to the |
| 00 | 999 | | | 1 1 | 4 660' | | viedge and belief. |
| P | 0 | | | i 7; | x1 | 2 | |
| | | | . • | 1 | #16 | r Signature | |
| 1650 | | | | l | [] | 0 | |
| | J. 49 | - | | ۱. | | Printed Name | |
| | Ì | | | { | | I TOMAS I VALLE | |
| | | | , , , , | | • | - | |
| | | | | | | Position | |
| | l i | | | 180 | | 1 | |
| | l | | | | | Company | |
| | | | | { | | | |
| | | | | | | T Date | |
| 660' hi \$ 200 | [| | | # 67-3 | ¥{ | | |
| | i | | | i ' | 7 660] | | |
| | · | SECTION | | ! { | | SURVE | YOR CERTIFICATION |
| | | 111 | CHEVRO | 4 | 1 | | |
| | | | LITENK | 1/* | 1 | | fy that the well location shown |
| | l | | | 1 | | | was plotted from field notes of |
| | 1 | | | 1 | | actual survey | s made by me or under my nd that the same is true and |
| • | 1 | | | Ì | 1 | | e best of my browledge and |
| | i | | | 1 | | belief. | |
| | 1 | 1 | | 1 | 1 | venuj. | |
| | ţ | | | 1 | 1 | Date Surveyed | 1 |
| | | | | <u>+</u> | } | 1 | |
| | 1 | | | 1 | | Signature & S | الم الله |
| | i i | | | i | 1 | Professional S | |
| | ì | | | Ì | | | |
| | t f | 1 | | 1 . 1 | | | |
| | ļ | | | 1 | | | |
| | 1 | | | 1 | | | |
| 1 | 1 | | | ſ | | | · · · · · · · · · · · · · · · · · · · |
| 1 | 1 . | | | Ì | | Certificate No |). : |
| | | | | | | | ; |
| 0 330 660 000 | 1320 1650 1980* | 7310 2640 | 2000 1500 | 1000 | <pre></pre> | | |

State A A/C 1 #67

•

•

OFFSET OPERATORS:

Texaco Producing Inc. Mr. James Head P.O. Box 728 Hobbs, New Mexico 88240

Chevron Mr. Al Bohling P.O. Box 670 Hobbs, New Mexico 88240

Conoco, Inc. Mr. Hugh Ingram P.O. Box 460 Hobbs, New Mexico 88240

Tahoe Energy Mr. K. A. Freeman 4402 W. Industrial Midland, Texas 79703

BEFORE THE OIL CONSERVATION COMMISSION OF THE STATE OF NEW MEXICO

IN THE MATTER OF THE HEARING CALLED BY THE OIL CONSERVATION COMMISSION OF NEW MEXICO FOR THE PURPOSE OF CONSIDERING:

> CASE NO. 4783 Order No. R-4361

APPLICATION OF TEXAS PACIFIC OIL COMPANY, INC. FOR THREE NON-STANDARD PRORATION UNITS AND REDEDICATION OF ACREAGE, LEA COUNTY, NEW MEXICO.

ORDER OF THE COMMISSION

BY THE COMMISSION:

This cause came on for hearing at 9 a.m. on July 26, 1972, at Santa Fe, New Mexico, before Examiner Daniel S. Nutter.

NOW, on this 7th day of August, 1972, the Commission, a quorum being present, having considered the testimony, the record, and the recommendations of the Examiner, and being fully advised in the premises,

FINDS:

(1) That due public notice having been given as required by law, the Commission has jurisdiction of this cause and the subject matter thereof.

That the applicant, Texas Pacific Oil Company, Inc., (2) seeks the rededication of certain acreage and the establishment of the following non-standard gas proration units in Township 23 South, Range 36 East, NMPM, Jalmat Gas Pool, Lea County, New Mexico:

1. A 480-acre unit comprising the NE/4, NW/4, and SW/4 of Section 11, to be dedicated to its State "A" A/1 Wells Nos. 16, 29, and 34;

- 2. A 240-acre unit comprising the NW/4 of Section 14 and the N/2 NE/4 of Section 15, to be dedicated to its State "A" A/1 Well No. 28;
- A 320-acre unit comprising the N/2 of Section 23 3. to be dedicated to its State "A" A/1 Wells Nos. 26 and 27.

-2-Case No. 4783 Order No. R-4361

(3) That each of the proposed non-standard gas provation units is productive of gas.

(4) That each of the proposed non-standard gas proration units can be efficiently and economically drained and developed by the well or wells to which it is to be dedicated.

(5) That approval of the proposed non-standard gas proration units will afford the applicant the opportunity to produce its just and equitable share of the gas in the pool and will otherwise prevent waste and protect correlative rights.

IT IS THEREFORE ORDERED:

(1) That the following-described non-standard gas proration units in Township 23 South, Range 36 East, NMPM, Jalmat Gas Pool, Lea County, New Mexico, are hereby created:

- 1. A 480-acre unit comprising the NE/4, NW/4, and SW/4 of Section 11, to be dedicated to its State "A" A/1 Wells Nos. 16, 29, and 34 located, respectively, in Units A, C, and K of said Section 11;
- 2. A 240-acre unit comprising the NW/4 of Section 14 and the N/2 NE/4 of Section 15, to be dedicated to its State "A" A/1 Well No. 28 located in Unit F of said Section 14;
- 3. A 320-acre unit comprising the N/2 of Section 23 to be dedicated to its State "A" A/1 Wells Nos. 26 and 27 located, respectively, in Units G and F of said Section 23.

(2) That the acreage factor for allowable purposes assigned to each of the above-described non-standard proration units shall bear the same ratio to the acreage factor for a standard gas proration unit as the acreage in said unit bears to the acreage in a standard gas proration unit in the Jalmat Gas Pool.

(3) That the cumulative overproduction/underproduction statuses of the above-described 480-acre and 320-acre units shall be the combined cumulative overproduction/underproduction statuses as of August 1, 1972, of the units combined to form the 480-acre and 320-acre units.

(4) That the cancellation status of the above-described 480-acre and 320-acre units shall be the combined cancellation statuses as of August 1, 1972, of the units combined to form the 480-acre and 320-acre units.

• (5) That jurisdiction of this cause is retained for the entry of such further orders as the Commission may deem necessary.

-3-Case No. 4783 Order No. R-4361

1

DONE at Santa Fe, New Mexico, on the day and year hereinabove designated.

STATE OF NEW MEXICO OIL CONSERVATION COMMISSION

BRUCE KING, Chairman

ALEX J. ARMIJO, Member

A. L. PORTER, Jr., Member & Secretary

SEAL

BEFORE THE OIL CONSERVATION COMMISSION OF THE STATE OF NEW MEXICO

IN THE MATTER OF THE HEARING CALLED BY THE OIL CONSERVATION COMMISSION OF NEW MEXICO FOR THE PURPOSE OF CONSIDERING:

> CASE NO. 4783 Order No. R-4361-A

APPLICATION OF TEXAS PACIFIC OIL COMPANY, INC. FOR THREE NON-STANDARD PRORATION UNITS AND REDEDICATION OF ACREAGE, LEA COUNTY, NEW MEXICO.

NUNC PRO TUNC

BY THE COMMISSION:

I,

It appearing to the Commission that Order No. R-4361, dated August 7, 1972, does not correctly state the intended order of the Commission.

IT IS THEREFORE ORDERED:

(1) That Finding No. (2) should read in its entirety as follows:

"(2) That the applicant, Texas Pacific Oil Company, Inc., seeks the rededication of certain acreage and the establishment of the following non-standard gas proration units in Township 23 South, Range 36 East, NMPM, Jalmat Gas Pool, Lea County, New Mexico:

- A 480-acre unit comprising the NE/4, NW/4, and SW/4 of Section 11, to be dedicated to its State "A" A/1 Wells Nos. 16, 29, and 34;
- 2. A 240-acre unit comprising the NW/4 of Section 14 and the N/2 NE/4 of Section 15, to be dedicated to its State "A" A/1 Well No. 28;
- 3. A 320-acre unit comprising the N/2 of Section 23 to be dedicated to its State "A" A/1 Wells Nos. 26 and 27;
- 4. A 280-acre unit comprising the SE/4 SW/4 of Section 10 and the NW/4 and S/2 NE/4 of Section 15, to be dedicated to its State "A" A/1 Wells Nos. 31 and 33."

(2) That Order No. (1) should read in its entirety as follows:

-2-CASE NO. 4783 Order No. R-4361-A

"(1) That the following-described non-standard gas proration units in Township 23 South, Range 36 East, NMPM, Jalmat Gas Pool, Lea County, New Mexico, are hereby created:

- A 480-acre unit comprising the NE/4, NW/4, and SW/4 of Section 11, to be dedicated to its State "A" A/1 Wells Nos. 16, 29, and 34 located, respectively, in Units A, C, and K of said Section 11;
- 2. A 240-acre unit comprising the NW/4 of Section 14 and the N/2 NE/4 of Section 15, to be dedicated to its State "A" A/1 Well No. 28 located in Unit F of said Section 14;
- 3. A 320-acre unit comprising the N/2 of Section 23 to be dedicated to its State "A" A/1 Wells Nos. 26 and 27 located, respectively, in Units G and F of said Section 23;
- 4. A 280-acre unit comprising the SE/4 SW/4 of Section 10 and the NW/4 and S/2 NE/4 of Section 15, to be dedicated to its State "A" A/1 Wells Nos. 31 and 33, located, respectively, in Units H and F of said Section 15."

(3) That this order shall be effective <u>nunc</u> pro <u>tunc</u> as of August 7, 1972.

DONE at Santa Fe, New Mexico, this 22nd day of September, 1972.

STATE OF NEW MEXICO OIL CONSERVATION COMMISSION

BRUCE KING, Chairman

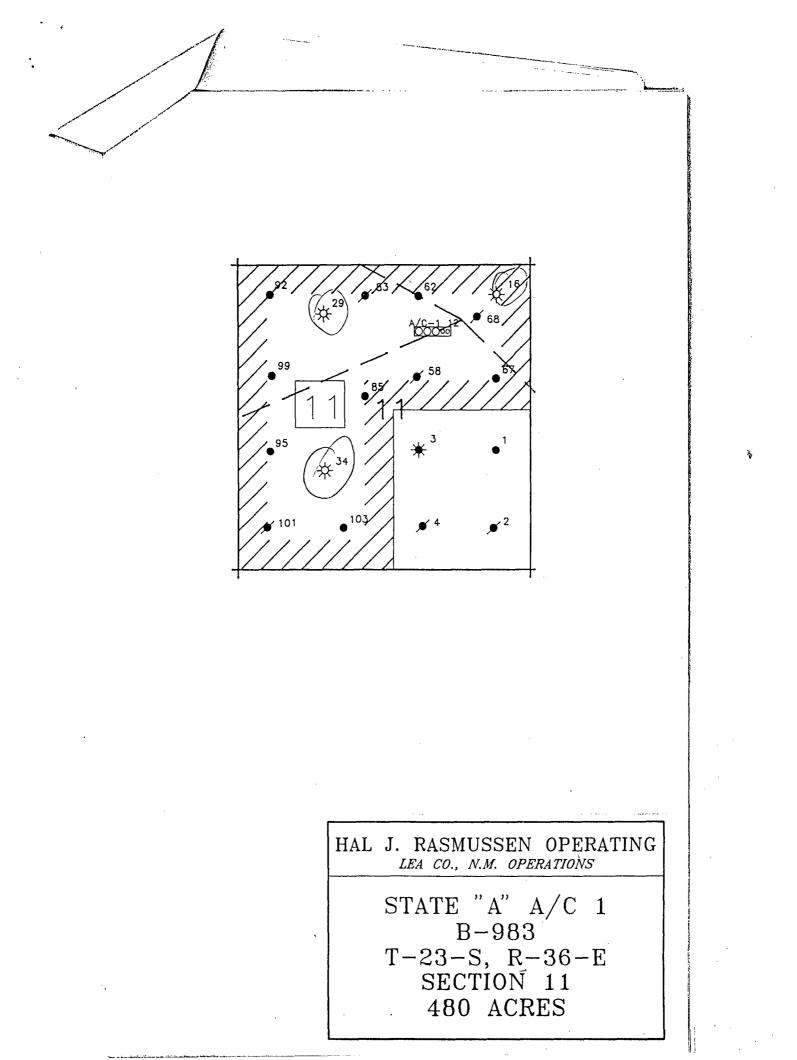
ALEX J. ARMIJO, Member

A. L. PORTER, Jr., Member & Secretary

SEAL

dr/

| | | | | - 19 A | | | | | | | |
|-----|------|------------------------|--|----------------------|---------------------|-------------------|---------------------|------------------------------|-------------------|---|------|
| • | | | | | | | | | | in an | |
| · · | | | | | | | | | | | |
| | | | , | | | | | | | | |
| | | | | A | | | | | | | |
| | | | | | | | | | | | |
| | | | | | 34 | | | | | | * ** |
| | | | | | | | | | | | |
| | | | an a | | | 6 A. S. S. | | Ç., | | | |
| | | | | and a standard and a | | | | <u>alan ma da</u> dan gasara | | | |
| | | | | | | | | ÷ | | | |
| | | | TOWNSHIP 2 | 3, SOUTH, | RANGE 36 1 | EAST | | | | | |
| | (7) | | N/2 (320 ACRES | | | | 0.010 | | | | ÷2 |
| | | G #3 G # G #4 | 15 | B F G | 660 1980 1980 | FNL | 1980 | FWL | | Ş | |
| | | | TOWNSHIP 2 | 3, SOUTH, | RANGE 36 | EAST | | | | | |
| | (8) | SECTION 4: | SW/4 | | 4 (440)0 | ראשת | | | | 19 57 | |
| | | G # | N/2 NW/4, SW/4 | Е | 1980 | FNL | 660 | | NSL | | |
| | | G # G # | 10 104 9 | L K M | 1980 1650 660 | FSL | 660 1980 660 | FWL | NSL NSL NSL | | |
| | | G # G # | lls in Section 18 111 | M N | 660 2173 | FSL FWL | 660 467 | | NSL NSL | | |
| | | | lls in Section | | 6 7 / 4 | | | | | | |
| | (9) | SECTION 10: | S/2 NE/4, N/2 W/2 (480 ACRES | 5) | | ENT | 1650 | PWT | | | |
| | | G # G # above we | | г М 10 | 990 | FSL | 990 | FWL | | | |
| | (10) | SECTION 10: | E/2 (320 ACR | ES) | | | | | | | |
| | | G # G # | 1 2 | A I | 990 990 | FNL FEL | 990 1650 | FEL FSL | | | |
| | (11) | SECTION 11: | W/2, NE/4 (48 | 30 ACRES) | | | | | | | |
| | | G # G # | 16 29 34 | A C K | 660 990 1650 | FNL FNL FSL | 660 1650 1650 | FEL FWL FWL | NSL | | |
| - | (12) | SECTION 13: | | | | | | | | | |
| | (12) | | NE/4 (640 ACE | (ES) C | 660 | FNI. | 1980 | FWI. | NSL | | |
| | | G #: | 21 | H N | 1980 660 | FNL | 660 | FEL | NSL NSL | | |
| | | G # G # | | H B | 1980 660 | FNL FNL | 660 1980 | FEL FEL | NSL NSL | | |
| | | above we. | LIS IN DECLION | * 7 | | | | | | - | |



Received 11/13/89 Reland 12/9/89

Hal J. Rasmussen Operating Inc. Six Desta Drive, Suite 5850 Midland, Texas 79705 ATTENTION: Jay Cherski

ADMINISTRATIVE ORDER NSL-2723

DEAR Mr. Cherski :

•... - · · · o

| REFERENCE IS MADE TO YOUR APPLICATION OF Novimber 7, 1989 FOR A |
|--|
| NON-STANDARD WELL LOCATION FOR YOUR State & M/L-1 |
| WELL NO. 99 ROME LOCATED 1980 FEET FROM THE WOLDA |
| LINE AND _660 FEET FROM THE CLOSE LINE (UNIT E) OF |
| SECTION _11, TOWNSHIP 23 Source, RANGE 36 East, NMPM, |
| Jalmat Bas POOL, Lea COUNTY, NEW |
| MEXICO, THE OF SAID SECTION SHALL BE DEDICATED TO |
| THE WELL FORMING A STANDARDACRE SPACING AND / |
| PRORATION UNIT. |
| |
| BY THE AUTHORITY GRANTED ME UNDER THE PROVISIONS OF GENERAL RULE |
| 104 F(), THE ABOVE DESCRIBED UNORTHODOX LOCATION IS HEREBY |
| APPROVED. |

SINCERELY,

WILLIAM J. LEMAY DIRECTOR

WJL/MES/AG

OIL CONSERVATION DIVISION - CC: NEW MEXICO OIL &, GAS ENGINEERING COMMITTEE - HOBBS

Cure til 9775

Reference is made to your application of November 7, 1889 for two imortholor que well location in an existing non-standard 480-aire gas spacing and provation unit for said for Galmat bu Pool comprising the M/2 and SW/4 of Section 11, Township 23 South Range 36 East, unPM, her County New Mexico. Said unit was authorized by Division Order No. N-4361, as amended, and was the entried, in part, of Division lave No. 9775. Buthonization was ignen in said Ouder No. 1-4361 to simultaneoully dechicle the State "A" A/C-1 Welle Mor, 16, 29, and 34 located unde respectively, in Units A, C, and K of said Section 11 to this provation unit. toacontatio At in our understanding that both of the subject well in this application are currently temporarilabourdoned in the hangle -Muttix lood and that both will will be pluyged back to the Jalmat Car Pool. By the arthrety granted me under the provisions of the 2000 the Special Rate and Regulation for the falmat leve Pool, as promigated by Division Queles 16. 1-8170, as amunded, toth of the following described will bouted at unorthodox gue well beation are hereby affrond : State A A/C-1 Well No. 67 1980'FN1-660'FEL (Unit H) State A A/C-1 Well No. 94 1980' FNL - 660'FWL (UnilE)

New, you are hereby allorized to simillamount dechiale Jalmat Car production from both the State "1" A/C-1 with Nor. 67 and 99 with the State "A" A/C-1 Wille Noz. 16. 29, and 34; furthermore, year are hereby attention permitted to produce the allowable assigned the provation unit from all of said well in my perfortion - ·· • ---···· ---- , · •. . - . ------· • • •

-

-. ·.

-- ·



RVATION PERENGY AND MINERALS DEPARTMENT

HOBBS DISTRICT OFFICE

STATE OF NEW MEXICO

11-13-89

POST OFFICE BOX 1980 HOBBS, NEW MEXICO -88241 -1980 (505) 393-6161

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RE: Proposed:

GARREY CARRUTHERS

GOVERNOR

| MC | | | |
|-----------------|---|------|---|
| DHC | | | |
| NSL | X | | |
| NSP | | | • |
| SWD | | | • |
| WFX | | | • |
| PMX | | | • |

Gentlemen:

I have examined the application for the:

K1 # 67-H 11-23-37 en Open. Inc. State Lease & Well No. Unit Operator

and my recommendations are as follows:

Youns very truly Jerry Sexton Supervisor, District 1

/ed



HAL J. RASMUSSEN OPERATING, INC. SIX DESTA DRIVE, SUITE 5850 MIDLAND, TEXAS 79705 (915) 687-1664

November 7, 1989

Mr. William J. LeMay, Director New Mexico Oil Conservation Division P. O. Box 2088 Sante Fe, New Mexico 87501

RE: Administrative approval of an Unorthodox Well Locaiton State "A" a/c 1 # 99 Jalmat Gas Pool Lea County, New Mexico

Dear Mr. LeMay,

Hal J. Rasmussen Operating Inc. respectfully requests administrative approval to recomplete the State "A" $a/c \ 1 \ \# \ 99$, at an unorthodox well location, located 1980 ft FNL and 660 ft FWL of Section 11, T23S R36E, Lea County, New Mexico. The State "A" $a/c \ 1 \ \# \ 99$ is currently TA'd in the Langlie Mattix Pool.

The offset operators have been notified of this application by certified mail. Copies of the return receipts will be forwarded when received. Attached is a plat showing the location of the State "A" a/c 1 # 99, the proration unit the well will be included in, and the offset operators.

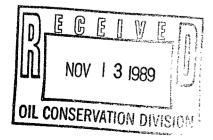
If you need any further information regarding this request, please call me at (915) 687-1664.

Thank-you for your consideration.

Sincerely,

Jay Cherski

CC: New Mexico OIl Conservation Division District 1 Office P.O. Box 1980 Hobbs, New Mexico 88240



Submit to Appropriate District Office State Lease - 4 copies Fee Lease - 3 copies

2

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico Energy, Minerals and Natural Resources Department

.... .

Form C-102 Revised 1-1-89

2

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL LOCATION AND ACREAGE DEDICATION PLAT

| | AI USC | | from the outer boundaries | 01 410 500001 | | |
|---|---|--|--|--|--|---|
| 12101 | | | Lease | | | Well No. |
| Hal J. Rasmuss | en Operating Inc | • | State "A" a | /c 1 | | 99 |
| Letter Section | Township | | Range | المراجع المراجع المراجع المراجع | County | |
| R II | | | R-36-E | | | Lea |
| 121 Footage Location of We | | and the second data was not as the second data was not as the second data was not as the second data was not a | <u>, </u> | NMPM | <u> </u> | |
| - | | | 1. | | | - |
| 1980 feet from | | line and | 660 | feet from | the WEST | |
| and level Elev. | Producing Formation | | Pool | | | Dedicated Acreage: |
| 3455 | YATES- TAN | SILL | Jalmat | | | 490 Acres |
| 3. If more than one I unitization, force- Yes If answer is "no" list this form if necessa No allowable will be | No If ans the owners and tract description | dedicated to the swer is "yes" typ ons which have interests have be | well, have the interest of all one of consolidation | owners been consol Use reverse side of | idated by comm | unitization, |
| or think a poo-stands | ru uni, cuminating sich indre | s, nas beca spj | XOVED BY LIK DIVISION | | | |
| | 29 | - | 1095 1, 100 1, 1 | 660' 5 16 P P P C C C | I hereby ontained herein est of my knowl ignature | OR CERTIFICATION certify that the information in true and complete to the edge and belief. CHERSKI OT RASMUSSEN OC. 6 89 OR CERTIFICATION |
| | | | | 0 a 5 c b 1 | n this plat we ctual surveys upervison, and | |
| | | 1 | | | Certificate No. | |
| | | | | 1 1 | | |
| | | / /==(| · | | | |

State <u>A A/C 1 #99</u>

OFFSET OPERATORS:

Texaco Producing Inc. Mr. James Head P.O. Box 728 Hobbs, New Mexico 88240

Chevron Mr. Al Bohling P.O. Box 670 Hobbs, New Mexico 88240

Conoco, Inc. Mr. Hugh Ingram P.O. Box 460 Hobbs, New Mexico 88240

Tahoe Energy Mr. K. A. Freeman 4402 W. Industrial Midland, Texas 79703

HAL J. RASMUSSEN OPERATING, INC. SIX DESTA DRIVE, SUITE 5850

MIDLAND, TEXAS 79705 (915) 687-1664

November 7, 1989

Mr. William J. LeMay, Director New Mexico Oil Conservation Division P. O. Box 2088 Sante Fe, New Mexico 87501

RE: Administrative approval of an Unorthodox Well Locaiton State "A" a/c 1 # 99 Jalmat Gas Pool Lea County, New Mexico

Dear Mr. LeMay,

Hal J. Rasmussen Operating Inc. respectfully requests administrative approval to recomplete the State "A" $a/c \ 1 \ \# \ 99$, at an unorthodox well location, located 1980 ft FNL and 660 ft FWL of Section 11, T23S R36E, Lea County, New Mexico. The State "A" $a/c \ 1 \ \# \ 99$ is currently TA'd in the Langlie Mattix Pool.

The offset operators have been notified of this application by certified mail. Copies of the return receipts will be forwarded when received. Attached is a plat showing the location of the State "A" $a/c \ 1 \ \# \ 99$, the proration unit the well will be included in, and the offset operators.

If you need any further information regarding this request, please call me at (915) 687-1664.

Thank-you for your consideration.

Sincerely,

Jay Cherski

CC: New Mexico OIl Conservation Division District 1 Office P.O. Box 1980 Hobbs, New Mexico 88240 Submit to Appropriate District Office State Lease - 4 copies Free Lease - 3 copies

• • • •

<u>DISTRICT I</u> P.O. Bax 1980, Hobb**r, NM 8824**0

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

٠

State of New Mexico Energy, Minerals and Natural Resources Department



1

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL LOCATION AND ACREAGE DEDICATION PLAT All Distances must be from the outer boundaries of the section

| And J. Rasmussen Operating Inc. State "A" a/c 1 Ga Liker Secion Towakip Rage E 1. T-23-5 R-36-E MMM BSD from the NDATH like and 660 for from the NDEST like BSD from the NDATH like and food like Dedicated Acress: WE BSD from the NDATH like and food like Dedicated Acress: WE 1. Outline the service dedicated to the well, outline each and identify the ownerhip thereof both as to working idented any any to the internet of all owner here constituted by communitation, and internet of all owner here constituted by communitation, and internet of all owner here constituted by communitation, and internet of all owner here constituted by control by the Division 1. Were the order of the well will all internets have been constituted by communitation, fored-pooling, or otherwise) or mill a constand min, clinicating such latence, late to be approved by the Division at is for all owner here well contains here been proved by the Division at all owner here is and complete to the latence is and latence is and complete to the latence is and latence is and latence is and | | | Lease | | | TWell No. |
|--|--|--|---|--|--------------------|--|
| Line Section Towards R=36-E NATM Les 14 Torac Location of Weit: T-33-S R=36-E NATM Les 14 Torac Location of Weit: Producing formation Ford Les Les 14 Store the new of the NORTH Hoe and Ford Les Les 34 Store the new of the NORTH Hoe and Jalanat Use of the NORTH Les 1. Outling the screep defined orsently is dediced or der well by coded power the formation of the biow. North an one has a ledicated to the well, eating the the screep formation of the biow. North an one has a ledicated to the well, eating the the screep formation of the biow. North an one has a ledicated to the well, eating the scheduly the covers the constituted by communitation, minimation, formation, the interval of the formation of the biow. North an one has a ledicated to the well, eating the scheduly the covers the constituted of the well and the decimption which have a scheduly the covers the cov | erator | weede Operating Inc | | | | 1 |
| E Norm Lea If Source Location of Well: If Docation of Location Location II and the Source Location of the Well and the Source Location of Well: If Docation of Location of Source Location of the Well and the Source Location of the Well and the Source Location of Well: If Docation of Rowards If Docati | the second s | | | | County | |
| In proceed books of Well: 1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0 | | | | 36_F | | Теа |
| 1910 fact from the N O.C.TH lise and 66.0 fact from the WEST lise and kind Erv. Producing fromation Producing fromation Producing the formation WEQ Acres 1. Outline the samage dedicated to the subject well by colored pecial to backward marks on the plat below. 1. If more than one lease is dedicated to the well, calline and identify the ownership former (both as to working interest and mynify). 3. If more than one lease is dedicated to the well, calline and identify the ownership former (both as to working interest and mynify). 3. If more than one lease is dedicated to the well, bare the interest of all owners been consolidated by communitation, minimum, communitation, formed pooling, or otherwise) If the more is performed in the same is performed to the same been consolidated (Use more rais of the form if the owner, is performed consolidated (the communitation, minimum, unitation, formed-pooling, or otherwise) or will a non-transmitter will be interest, has been sported by the Division. If the form if the same interest or the bar identifies of the bar of any howdedge and balls. 1650 1650 1650 1610 | | | | NM | PM.I | |
| Jud Jerd Eov. Producing formation Prod Dedicated Arrays: 3455 YATES. TANSILL Jalmat UB Array 1. Outline the surge dedicated to the subject well by colored pool of handle marks on the plat below. If more than one lease is dedicated to the well, catine each and identify the ownership formof (both as to working interest and royalty). If more than one lease is dedicated to the well, catine each and identify the ownership in dedicated to the well, have the interest of all owners been consolidated by communitization, unitiation, formed pooling, etc.? 10. While the place of the well will literate have been consolidated (by communitization, formed pooling, or otherwise) for will a son-eaaderd unit, eliminating out interes, have been consolidated (by communitization, formed pooling, or otherwise) for will a son-eaaderd unit, eliminating out interes, have been consolidated (by communitization, formed pooling, or otherwise) for will a son-eaaderd unit, eliminating out interes, have been consolidated (by communitization, formed pooling, or otherwise) for will a son-eaaderd unit, eliminating out interes, have been consolidated (by communitization, formed pooling, or otherwise) for will a son-eaaderd unit, eliminating out interes, have been consolidated (by communitization, formed pooling, or otherwise) for will a son-eaaderd unit, eliminating out interes, have been consolidated (by communitization, formed pooling, or otherwise) for will a son-eaaderd unit, eliminating out interes, have been consolidated (by communitization, formed pool bid. 1650 1650 1660 1660 1660 1650 1660 1660 1660 1660 </td <td>-</td> <td></td> <td>/</td> <td>· /</td> <td></td> <td>₩</td> | - | | / | · / | | ₩ |
| 3455 YATES. TANSILL Jalmat 480 Acce 1. Outline the servage deducted to the well, outline each and leastify the ownership factor (both as to working interest and nyalty). 3. If more than one lease is dedicated to the well, outline each and leastify the ownership factor (both as to working interest and nyalty). 3. If more than one lease is dedicated to the well, outline each and leastify the ownership factor (both as to working interest and nyalty). 3. If more than one lease is dedicated to the well, outline each and leastify the ownership factor (both as to working interest and nyalty). 3. If more than one lease of different ownership is dedicated to be well, have the interest of this form if the owners and text descriptions which have actually been consultated. (Use reverse ride of this form if secondary that, etimisting multi interest have been consultated (by communitation, unititation, force-pooling, or otherwise) or unit is non-standard unit, etimisting multi interest, have been consultated (by communitation, unititation, force-pooling, or otherwise) or unit is non-standard unit, etimisting multi interest, have been consultated (by communitation, unititation, force-pooling, or otherwise) or unit is non-standard unit, etimisting multi interest, have been consultated (by communitation, unititation, force-pooling, or otherwise) or unit is non-standard unit, etimisting multi interest, have been consultated (by communitation, unititation, force-pooling, or otherwise) 1650 1650 948 1610 1640 1640 1650 1650 1660 1660 1660 1660 1660 1650 1650 1660 1660 1660 1660 1660< | | | | DOD led fr | om the VLS | |
| 1. Outline the tarage declarated to the subject well by colored pencil or hadrust marks on the plat below. 2. If more than one lease is declarated to the well, bare the internet of all owners been consolidated by communitization, unitization, force-poling, or otherwise) or units in the declaration which have exactly been consolidated. (Use reverse fide of this form if soccentry. Not Uperskip to the well, have the internet of all owners been consolidated. (Use reverse fide of this form if soccentry. Not Uperskip of the well well at internet, has been approved by the Division. OPERATOR CERTIFICATION I known and internet, has been approved by the Division. OPERATOR CERTIFICATION I known and complete to the information of the info | | | | - . | | - |
| 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royality). 3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitizition, multipliced in the owners and trad descriptions which have extendly been consolidated (Use reverse dide of this form if becomes rule) as a provide by the Division. No allowable will be suggined to the well, but that interests have been consolidated (Use reverse dide of this form if becomes rule) and interest, has been approved by the Division. No allowable will be suggined to the well, but the interest, has been approved by the Division. OPERATOR CERTIFICATION I have by a suggined to the well well as a provide by the Division. OPERATOR CERTIFICATION And CHEPSEL And And CHEPSEL And And CHEPSEL And And CHEPSEL No (La Leon Complete to the base of my backdage and build. Signature And CHEPSEL No (La Leon Complete to the base of my backdage and build. Signature And CHEPSEL Signature Complete the base of my backdage and build. La Complete the base of my backdage and build. Signature And CHEPSEL Complete the base of my backdage and build. Signature And CHEPSEL Signature And CHEPSEL Complete the base of my backdage and build. Signature And CHEPSEL Signature And CHEPSEL Signature Complete the base of my backdage and build. Signature And CHEPSEL Signature And CHEPSEL Complete the base of my backdage and build. Signature And CHEPSEL Signature And CHEPS | | | | | | Acres |
| 3. If more than one lease of different ormentility is dedicated to the well, have the internet of all owners been consolidated by communitization, initization, force-pooling, etc.? If moves is "not list the owners and true descriptions which have schally been consolidated (Uke reverse side of this form it is been sequenced by the Division. If answer is "not list the owner, has been approved by the Division. If a form it is not-started multi, eliminating such internet, has been approved by the Division. If a form it is not-started multi, eliminating such internet, has been approved by the Division. If a form it is not-started multi, eliminating such internet, has been approved by the Division. If a form it is not-started multi, eliminating such internet, has been approved by the Division. If a form it is not-started multi, eliminating such internet, has been approved by the Division. If a form it is not-started multi, eliminating such internet, has been approved by the Division. If a form it is not-started multi, eliminating such internet, has been approved by the Division. If a form it is not-started multi, eliminating such internet, has been approved by the Division. If a form it is not-started multi, eliminating such internet, has been approved by the Division. If a form it is not-started multi, eliminating such internet, has been approved by the Division. If a form it is not-started multi such approved by the Division. If a form it is not-started multi suconternet. If a form it | I. Outline the a | | a by colored pedicit or machine a | hits of the plat balow. | | |
| Initiation, fore-pooling, etc.? If server is "pool if the concert sub tract descriptions which have setually been consolidated. (Use reverse side of this form if the concerts). No silvensite will be available to the well turil all interests have been consolidated for communitation, unitation, forced-pooling, or otherwise) or unit is now taken in the well turil all interests have been consolidated for communitation, unitation, forced-pooling, or otherwise) or unit is now called the device, has been approved by the Division. Image: the second s | 2. If more than | one lease is dedicated to the well, | outline each and identify the ow | acrship thereof (both as to we | rking interest and | royalty). |
| 3 3 1 berely certify that the information contained here in in true and complete to the contained here in in true and complete to the contained here in in true and complete to the contained here in in true and complete to the contained here in in true and complete to the contained here in in true and complete to the contained here in in true and complete to the contained here in in true and complete to the contained here in in true and complete to the contained here in in true and complete to the contained here in in true and complete to the contained here in in true and complete to the contained here in in true and complete to the contained here in there in the containe here in | unitization, f Ves If answer is "no this form if noo No allowable w | orce-pooling, etc.? No If an o" list the owners and tract descript cossary. vill be assigned to the well until all | swer is "yes" type of consolidati ions which have actually been of interests have been consolidated | 00 0050lidzted. (Use reverse side (by communitization, unitiza | : of | |
| $\frac{3}{9}$ $\frac{3}$ | | | | | 0000040 | |
| 3 3 660 Signature Signature 1650 316 Signature JAN CHERSKI Philod Name JAN CHERSKI Poolido 1650 300 Signature JAN CHERSKI 1650 300 Signature Signature JAN 1650 JAN Chersking Signature JAN 1660 JAN Chersking Signature Signature 1660 JAN Signature Signature Signature 160 Signature Signature Signature Signature 160 Signature Signature Signature Signature 160 Signature Signature Signature Signature | | 1 | | I 1 7 | 1 | |
| ber of my browledge and belief. Signature 1650 ' Maga 1650 ' Maga | | | | -0 | contained herei | certyy inai the information i n in true and com olete to the |
| Image: Standard Name Image: Standard Name Image: Standa | - | 9 | | 3 | | |
| 1650 1650 1650 160 160 160 1700 170 1700 170 1700 170 1700 170 1700 170 1700 1700 1700 1700 1700 1700 1700 1700 1700 1700 1700 1700 1700 1700 1700 1700 </td <td>48</td> <td>0.</td> <td>•</td> <td>660'</td> <td></td> <td></td> | 48 | 0. | • | 660' | | |
| Image: Supervision of the same is true on correct to the best of my backdeg on belief. Image: Supervision of the same is true on correct to the best of my backdeg on belief. Image: Supervision of the same is true on correct to the best of my backdeg on belief. Image: Supervision of the best of my backdeg on belief. Image: Supervision of the best of my backdeg on belief. Image: Supervision of the best of the best of my backdeg on belief. Image: Supervision of the best of the best of my backdeg on belief. Image: Supervision of the best of the best of my backdeg on belief. Image: Supervision of the best of the best of my backdeg on belief. Image: Supervision of the best of the best of my backdeg on belief. Image: Supervision of the best of the best of my backdeg on belief. Image: Supervision of the best of the best of my backdeg on belief. Image: Supervision of the best of the best of my backdeg on belief. Image: Supervision of the best of the best of my backdeg on belief. Image: Supervision of the best of the best of my backdeg on belief. Image: Supervision of the best of the best of my backdeg on belief. Image: Supervision of the best of the best of the best of the best of my backdeg on belief. Image: Supervision of the best o | | | . * | | Signature | 0 |
| $\frac{1}{2}$ | 1830 | -i | | | LJu | <u>cl_li</u> |
| $\frac{1}{2}$ | | 729 | | • | Printed Name | • |
| bbo' 329 ACENT bbo' 329 HTL S Revenussen 01 bbo' 367 HTL S Revenussen 01 SURVEYOR CERTIFICATION I hereby certify that the well location show on this plat was plotted from field noise on repervises, and that the same is true an correct to the best of my browledge an belief. Date Surveyed Signifum & Seal of Professional Surveyor Signifum & Seal of Professional Surveyor Certificate No. | | · | + | | JA- | 1 CHERSKI |
| bbo' 31 q q HTL > RASMUSSEN OC. bbo' 31 q q HTL > RASMUSSEN OC. Date N 6 09 SURVEYOR CERTIFICATION I kereby certify that the well location show on this plat was plotted from field notes to actual surveys mode by me or welce me supervison, and that the same is true an correct to the best of my browledge an beligf. Date Surveyod Signature & Scal of Professional Surveyor 330 660 990 1320 1650 1980 '2310 2640 2000 1500 1000 500 0 Certificate No. | | | | - | Position | |
| bbo' 31 q q HTL > RASMUSSEN OC. bbo' 31 q q HTL > RASMUSSEN OC. Date N 6 09 SURVEYOR CERTIFICATION I kereby certify that the well location show on this plat was plotted from field notes to actual surveys mode by me or welce me supervison, and that the same is true an correct to the best of my browledge an beligf. Date Surveyod Signature & Scal of Professional Surveyor 330 660 990 1320 1650 1980 '2310 2640 2000 1500 1000 500 0 Certificate No. | | l . | | 48 | | JT |
| Image: Strate in the second strate in the | | l | | | Соправу | |
| Jac N 6 9 SURVEYOR CERTIFICATION I kereby certify that the well location show on this plat was plotted from field notes of actual surveys made by me or wider m supervison, and that the same is true an correct to the best of my browledge an belief. Date Surveyed Signature & Scal of Professional Surveyor 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0 | hts i the | | | × 660 | HAL J | RASMUSSEN OL. |
| N 6 99 SURVEYOR CERTIFICATION I hereby certify that the well location show on this plat was plotted from field notes of actual surveys made by me or under m rupervison, and that the same is true an correct to the best of my browledge an belief. Date Surveyed Signature & Scal of Professional Surveyor 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0 | #qq | l | | #67 | Date | |
| I kereby certify that the well location show on this plat was plotted from field noise of actual surveys made by me or wider m supervison, and that the same is true an correct to the best of my browledge an belief. Date Surveyed Signature & Seal of Professional Surveyor 330 660 990 1320 1650 1980 '2310 2640 2000 1500 1000 500 0 | | | | | h | 6 89 |
| I kereby certify that the well location show on this plat was plotted from field noise of actual surveys made by me or wider m supervison, and that the same is true an correct to the best of my browledge an belief. Date Surveyed Signature & Seal of Professional Surveyor 330 660 990 1320 1650 1980 '2310 2640 2000. ISO0 1000 500 0 | | l | | | SURVEY | OR CERTIFICATION |
| on this plat was plotted from field noise of actual surveys made by me or water m supervison, and that the same is true an correct to the best of my browledge an belief. Date Surveyod Signature & Seal of Professional Surveyor Certificate No. | | | · | {──── ┤ | DORVE | |
| 330 660 990 1320 1650 1980 ⁺ 2310 2640 2000 1500 1000 500 0 | | | | 1 | I hereby certif | y that the well location shown |
| supervison, end that the same is true an correct to the best of my browledge an belief. Date Surveyod Signature & Seal of Professional Surveyor 330 660 990 1320 1650 1980' 2310 2640 2000 1500 1000 500 0 | | 1 | | | on this plat w | vas plotted from field notes of |
| 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0 | | 1 | | | | |
| belief. Date Surveyed Siguature & Seal of Professional Surveyor 330 660 990 1320 1650 1980 '2310 2640 | | | | 1 | | |
| Date Surveyed Siguature & Seal of Professional Surveyor 330 660 990 1320 1650 1980 '2310 2640 | | 1 | | 1 | 1 | c out of my nomease on |
| Signature & Scal of Professional Surveyor 330 660 990 1320 1650 1980 '2310 2640 2000 1500 1000 500 0 | | | | | | |
| 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0 | | | | | Date Surveyed | |
| Professional Surveyor 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0 | | • ••••• •••• •••• •••• •••• •••• ••• | | <u>↓</u> | | |
| 330 660 990 1320 1650 1980 ° 2310 2640 2000 1500 1000 500 0 | | | | | Signature & Se | 21 o(|
| 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0 | | 1 | | | | |
| 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0 | | l | | | | |
| 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0 | | | | | | |
| Zimilia Certificate No. 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0 | | l | | 1 | | |
| 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0 | | | | | | · · · · · · · · · · · · · · · · · · · |
| | | Ì | | 1 | Certificate No. | |
| | | | land Based Party and Card and | | | |
| | 330 660 000 | 1370 1650 1000 - 3310 1 | 1 1 1 1 | 1000 500 - | | |
| | | | 2000. 1500 | 1000 500 0 | _l | |

State A A/C 1 #99

OFFSET OPERATORS:

Texaco Producing Inc. Mr. James Head P.O. Box 728 Hobbs, New Mexico 88240

Chevron Mr. Al Bohling P.O. Box 670 Hobbs, New Mexico 88240

Conoco, Inc. Mr. Hugh Ingram P.O. Box 460 Hobbs, New Mexico 88240

Tahoe Energy Mr. K. A. Freeman 4402 W. Industrial Midland, Texas 79703 OIL CONSERVATION DIVISION HAL J. RASMUSSEN OPERATING, INC. RECEIVED

EN OFERAIMO, MC.

Six Desta Drive, Suite 5850

MIDLAND, TEXAS 79705 (915) 687-1664 '89 DEC 5 AM 11 09

11/07/89

Mr. Hugh Ingram Conoco P.O. Box 460 Hobbs, New Mexico 88240

Dear Mr. Ingram:

In accordance with New Mexico Oil Conservation Division regulations, you, as an offset operator, are hereby notified of Hal J Rasmussen Operating Inc.'s application to recomplete the State "A" a/c 1 well no. 99, a proposed producing well in the Jalmat Pool, as a non-standard location. The well is located 1980 feet FNL and 660 feet FWL of Section 11, T23S R36E, Lea County, New Mexico and is currently a TA'd Langlie Mattix well.

If you have no objections, please execute one copy of this letter and return it in the enclosed self addressed stamped envelope to the attention of Jay Cherski. The second copy may be retained for your files.

Thank you for your cooperation in this matter. If you have any questions, please contact Jay Cherski at (915) 687-1664.

Sincerely,

Hal J Rasmussen Operating, Inc.

2 m Chank

Jay Cherski

EXECUTED THE THE DAY OF November 1989 BY The March

HAL J. RASMUSSEN OPERATING, INC. SIX DESTA DRIVE, SUITE 585012 CONSERVATION DIVISION RECEIVED MIDLAND, TEXAS 79705 (915) 687-1664 '89 DEC 5 AM 11 09

11/07/89

Mr. K. A. Freeman Tahoe Energy 4402 W. Industrial Midland, Texas 79703

Dear Mr. Freeman:

In accordance with New Mexico Oil Conservation Division regulations, you, as an offset operator, are hereby notified of Hal J Rasmussen Operating Inc.'s application to recomplete the State "A" a/c 1 well no. 99, a proposed producing well in the Jalmat Pool, as a non-standard location. The well is located 1980 feet FNL and 660 feet FWL of Section 11, T23S R36E, Lea County, New Mexico and is currently a TA'd Langlie Mattix well.

If you have no objections, please execute one copy of this letter and return it in the enclosed self addressed stamped envelope to the attention of Jay Cherski. The second copy may be retained for your files.

Thank you for your cooperation in this matter. If you have any questions, please contact Jay Cherski at (915) 687-1664.

Sincerely,

Hal J Rasmussen Operating, Inc.

Jay Cherski

EXECUTED THE <u>9th</u> DAY OF <u>Nov.</u> 1989 BY J. A. Areeman

HAL J. RASMUSSEN OPERATING, INC. OIL CONSERVATION DIVISION

SIX DESTA DRIVE, SUITE 5850 MIDLAND, TEXAS 79705 (915) 687-1664

'89 DEC 5 AM 11 09

11/07/89

Mr. Al Bohling Chevron P.O. Box 670 Hobbs, New Mexico 88240

Dear Mr. Bohling,

In accordance with New Mexico Oil Conservation Division regulations, you, as an offset operator, are hereby notified of Hal J Rasmussen Operating Enc.'s application to recomplete the State "A" a/c 1 well no. 99, a proposed producing well in the Jalmat Pool, as a non-standard location. The well is located 1980 feet FNL and 660 feet FWL of Section 11, T23S R36E, Lea County, New Mexico and is currently a TA'd Langlie Mattix well.

If you have no objections, please execute one copy of this letter and return it in the enclosed self addressed stamped envelope to the attention of Jay Cherski. The second copy may be retained for your files.

Thank you for your cooperation in this matter. If you have any questions, please contact Jay Cherski at (915) 687-1664.

Sincerely,

Hal J Rasmussen Operating, Inc.

Jy Chin Jay Cherski

EXECUTED THE <u>15^{TE}</u> DAY OF <u>NOU</u>. 1989 BY <u>Alan W. Bohlmg</u> Special Projects Engineer Chevron U.S.A. Inc. Hobbs Division

HAL J. RASMUSSEN OPERATING, INC.

SIX DESTA DRIVE, SUITE 5850 MIDLAND, TEXAS 79705 (915) 687-1664

'89 NOU 20 AM 9 52

11/07/89

Mr. Al Bohling Chevron P.O. Box 670 Hobbs, New Mexico

88240

Dear Mr. Bohling,

In accordance with New Mexico Oil Conservation Division regulations, you, as an offset operator, are hereby notified of Hal J Rasmussen Operating Inc.'s application to recomplete the State "A" a/c 1 well no. 99, a proposed producing well in the Jalmat Pool, as a non-standard location. The well is located 1980 feet FNL and 660 feet FWL of Section 11, T23S R36E, Lea County, New Mexico and is currently a TA'd Langlie Mattix well.

If you have no objections, please execute one copy of this letter and return it in the enclosed self addressed stamped envelope to the attention of Jay Cherski. The second copy may be retained for your files.

Thank you for your cooperation in this matter. If you have any questions, please contact Jay Cherski at (915) 687-1664.

Sincerely,

Hal J Rasmussen Operating, Inc.

Ly Ch

Jay Cherski

EXECUTED THE 15^{π} DAY OF Nov. 1989 BY <u>Alan W. Bohlmg</u> Special Projects Engineer Chevron U.S.A. Inc.

Hopps Division

.

STATE OF NEW MEXICO

ENERGY AND MINERALIS DEBARTMENT

OIL CONSERVATION

09 NUU 21 HITTU 11-17-89

POST OFFICE BOX 1980 HOBBS, NEW MEXICO-88241-1980 (505) 393-6161

GARREY CARRUTHERS

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

RE: Proposed: MC

DHC NSL X NSP SWD WFX PMX

Gentlemen:

I have examined the application for the:

en Open Come. State A A/C-1 (#99) E 11-23-36 Lease & Well No. Unit S-T-R Operato

and my recommendations are as follows:

Yours very truly,

Jerry Sexton Supervisor, District l

/ed

R-4361 480 ac